

# 2001 UNIFORM BUSINESS REPORT (UBR)

6/1

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

06-14-2001 90013 024 \*\*\*\*61.25

**DOCUMENT #** N 92000000368  
**1. Entity Name**  
 HAITIAN AMERICAN COMMUNITY COUNCIL

**Principal Place of Business** **Mailing Address**  
 600 N. CONGRESS AVENUE # 550  
 DELRAY BEACH, FLORIDA 33445

**2. Principal Place of Business** **3. Mailing Address**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

**4. FEI Number** 65-0379999 **Applied For**  
 Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

76762

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 DANIELLA HENRY  
 600 N. CONGRESS AVE # 550  
 DELRAY BEACH, FL 33445

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.**

**SIGNATURE** *Daniella Henry* **6/3/01** **DATE**  
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when resigning)

**FILE NOW: FEE IS \$61.25** **9. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees** **Make Check Payable to: Department of State**

| 10. OFFICERS AND DIRECTORS |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                 |                                              |
|----------------------------|---------------------------------|--|-------------------------------------------------------|---------------------------------|----------------------------------------------|
| <b>TITLE</b>               | <input type="checkbox"/> Delete |  | <b>TITLE</b> D                                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| <b>NAME</b>                |                                 |  | <b>NAME</b>                                           |                                 |                                              |
| <b>STREET ADDRESS</b>      |                                 |  | <b>STREET ADDRESS</b>                                 |                                 |                                              |
| <b>CITY-ST-ZIP</b>         |                                 |  | <b>CITY-ST-ZIP</b>                                    |                                 |                                              |
|                            |                                 |  | PRESIDENT                                             |                                 |                                              |
|                            |                                 |  | CAROLYN ZIMMERMAN                                     |                                 |                                              |
|                            |                                 |  | 212 S.W. 2nd Ave                                      |                                 |                                              |
|                            |                                 |  | DELRAY BEACH, FL 33444                                |                                 |                                              |
| <b>TITLE</b>               | <input type="checkbox"/> Delete |  | <b>TITLE</b> D                                        | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>                |                                 |  | <b>NAME</b>                                           |                                 |                                              |
| <b>STREET ADDRESS</b>      |                                 |  | <b>STREET ADDRESS</b>                                 |                                 |                                              |
| <b>CITY-ST-ZIP</b>         |                                 |  | <b>CITY-ST-ZIP</b>                                    |                                 |                                              |
|                            |                                 |  | VICE PRESIDENT                                        |                                 |                                              |
|                            |                                 |  | WILLIE JONES, ATTORNEY                                |                                 |                                              |
|                            |                                 |  | 600 N. CONGRESS AVE # 520                             |                                 |                                              |
|                            |                                 |  | DELRAY BEACH, FL 33445                                |                                 |                                              |
| <b>TITLE</b>               | <input type="checkbox"/> Delete |  | <b>TITLE</b> D                                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| <b>NAME</b>                |                                 |  | <b>NAME</b>                                           |                                 |                                              |
| <b>STREET ADDRESS</b>      |                                 |  | <b>STREET ADDRESS</b>                                 |                                 |                                              |
| <b>CITY-ST-ZIP</b>         |                                 |  | <b>CITY-ST-ZIP</b>                                    |                                 |                                              |
|                            |                                 |  | TREASURY                                              |                                 |                                              |
|                            |                                 |  | MATHIAS HONORE                                        |                                 |                                              |
|                            |                                 |  | 137 E. Woolbright Rd, Boynton B                       |                                 |                                              |
| <b>TITLE</b>               | <input type="checkbox"/> Delete |  | <b>TITLE</b> D                                        | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| <b>NAME</b>                |                                 |  | <b>NAME</b>                                           |                                 |                                              |
| <b>STREET ADDRESS</b>      |                                 |  | <b>STREET ADDRESS</b>                                 |                                 |                                              |
| <b>CITY-ST-ZIP</b>         |                                 |  | <b>CITY-ST-ZIP</b>                                    |                                 |                                              |
|                            |                                 |  | SECRETARY                                             |                                 |                                              |
|                            |                                 |  | MARIE R. CLERGE                                       |                                 |                                              |
|                            |                                 |  | 2842 Worcester RD                                     |                                 |                                              |
|                            |                                 |  | LANTANA, FLORIDA 33462                                |                                 |                                              |
| <b>TITLE</b>               | <input type="checkbox"/> Delete |  | <b>TITLE</b> T                                        | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| <b>NAME</b>                |                                 |  | <b>NAME</b>                                           |                                 |                                              |
| <b>STREET ADDRESS</b>      |                                 |  | <b>STREET ADDRESS</b>                                 |                                 |                                              |
| <b>CITY-ST-ZIP</b>         |                                 |  | <b>CITY-ST-ZIP</b>                                    |                                 |                                              |
|                            |                                 |  | VICE-SECRETARY                                        |                                 |                                              |
|                            |                                 |  | BARRY SILVER, Attorney                                |                                 |                                              |
|                            |                                 |  | 7777 Glades Road, Boca Raton, FL                      |                                 |                                              |
| <b>TITLE</b>               | <input type="checkbox"/> Delete |  | <b>TITLE</b>                                          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
| <b>NAME</b>                |                                 |  | <b>NAME</b>                                           |                                 |                                              |
| <b>STREET ADDRESS</b>      |                                 |  | <b>STREET ADDRESS</b>                                 |                                 |                                              |
| <b>CITY-ST-ZIP</b>         |                                 |  | <b>CITY-ST-ZIP</b>                                    |                                 |                                              |

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.**

**SIGNATURE:** *Daniella Henry* **6/4/01** **(561) 272-2520**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #