

# 2002 UNIFORM BUSINESS REPORT (UBR)

**PENDING**  
N92000000368

**DOCUMENT # N92000000368**

1. Entity Name

**HAITIAN AMERICAN COMMUNITY COUNCIL, INC.**

**FILED**

02 SEP -9 PM 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**41088**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
600 N CONGRESS AVENUE #550 DELRAY BEACH FL 33445 US		600 N CONGRESS AVENUE #550 DELRAY BEACH FL 33445 US	
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 <b>65-0379999</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**HENRY, DANIELLA**  
600 N CONGRESS AVENUE  
#550  
DELRAY BEACH FL 33445

**7. Name and Address of New Registered Agent**

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMMERMAN, CAROLYN 212 S.W. 2ND AVENUE DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500007666395 -09/11/02--01055--021 *****61.25 *****61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDA JONES, WILLIE 600 N CONGRESS AVENUE #520 DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVSA SILVER, BARRY 7777 GLADES ROAD BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLERGE, MARIE R 2842 WORCESTER ROAD LANTANA FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T3 MARIE M. ANJOUTE 124 REIGLE AVENUE DELRAY BEACH, FLORIDA 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HONORE, MATHIAS 137 E WOOLBRIGHT ROAD, BOYNTON B FL <input type="checkbox"/> Delete	TAS NAME STREET ADDRESS CITY-ST-ZIP	MADELINE CLERISTON 709 S.W. 2nd Terrace DELRAY BEACH, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTA CITANE LOUISJUSTE 715 N.W. 2nd Court DELRAY BEACH, FL 33444 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 617, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/02 (561) 272-252  
Date Daytime Phone #

CR2E0379/01



## Haitian American Community Council, Inc.

600 N. Congress Ave., Ste. 550, Delray Beach, FL 33445 \*\*\* Tel: (561) 272-2520 \*\*\* Fax: (561) 272-8566

1414 Lucerne Avenue, Lake Worth, FL 33460 \*\*\* Tel: (561) 585-4150 \*\*\* Fax: (561) 585-9013

Email: [Haiticon@bellsouth.net](mailto:Haiticon@bellsouth.net)

41088

August 5<sup>th</sup>, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302

Re: Document #: N 92000000368

I regret that the second page of the UBR was not attached. Since I have already submitted the payment, I am enclosing the second page.

Here is the list of the Board Members:

PD	Zimmerman, Carolyn
VPDA	Jones, Willie
TVSA	Altidor, Jean Fritz
SD	Loriston, Roseline
DT	Honore, Mathias
TS	Anjoute, Marie M.
TAS	Cleriston, Madeline
DTA	Louisjuste, Citane

Please contact me if you need further information.

Sincerely,

Daniella Henry,  
Executive Director

Responding To The Haitians' Needs

