

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90302 044 ****70.00

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1. Entity Name

HUMAN SERVICES DIVISION/PIERRE TOUSSAINT HAITIAN

Principal Place of Business

Mailing Address

**130 NORTHEAST 62ND STREET
 MIAMI FL 33138
 US**

**110 NORTHEAST 62ND STREET
 MIAMI FL 33138-5910
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0387483

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FITZGERALD, J. PATRICK
 110 MERRICK WAY
 SUITE 2-C
 CORAL GABLES FL 33134**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D** Delete
 NAME **FREIXAS, RITA**
 STREET ADDRESS **901 CORAL WAY**
 CITY-ST-ZIP **CORAL GABLES FL 33145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DARBOUZE, GERARD**
 STREET ADDRESS **110 NE 62 ST**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **WENSKI, THOMAS**
 STREET ADDRESS **~~110 NE 62ND ST~~**
 CITY-ST-ZIP **MIAMI FL 33138**

TITLE Change Addition
 NAME
 STREET ADDRESS **9401 Biscayne Blvd**
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FAVALORA, JOHN C REV.**
 STREET ADDRESS **9401 BISCAYNE BLVD.**
 CITY-ST-ZIP **MIAMI SHORES FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **GANTHIER, NICOLE**
 STREET ADDRESS **130 NE 62ND ST**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FOULKES, MICHAEL**
 STREET ADDRESS **110 NE 2ND AV**
 CITY-ST-ZIP **MIAMI FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Thomas Wenski
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 President

04/20/2000

305/754-2444

Date

Daytime Phone #

CR2E037 (9/99)