

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004935**

1. Entity Name

UNITED HAITIANS ASSOCIATION OF SOUTHWEST FLORIDA**FILED****Feb 15, 2001 8:00 am**
Secretary of State

02-15-2001 90040 007 ****61.25

623444

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1944 WINKLER AVE
FORT MYERS FL 33901
US****PO BOX 656
FORT MYERS FL 33902
US**

2. Principal Place of Business

3594 EVANS AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

4. FEI Number

65-0535712

Applied For

Not Applicable

Zip

33901

Country

US

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

**MENAGER, EMMANUEL B.
629 SW 21ST TERRACE
CAPE CORAL FL 33991**

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	PD	<input type="checkbox"/> Delete
NAME	MENAGER, EMMANUEL B.	
STREET ADDRESS	629 SW 21ST TERRACE	
CITY-ST-ZIP	CAPE CORAL FL 33991	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPSD	<input type="checkbox"/> Delete
NAME	YVES BENOIT	
STREET ADDRESS	618 DAYTON AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Delete
NAME	BEAUBRUN, MARIE	
STREET ADDRESS	4322 PALM TREE BLVD	
CITY-ST-ZIP	CAPE CORAL FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EMMANUEL B. MENAGER 2/12/01 941-458-1934

CR2E037 (10/00)