

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004935

1. Entity Name

UNITED HAITIANS ASSOCIATION OF SOUTHWEST FLORIDA
, INC.

Principal Place of Business

3594 EVANS AVENUE
FORT MYERS FL 339017
US

Mailing Address

PO BOX 656
FORT MYERS FL 33902
US

2. Principal Place of Business

2250 FOWLER ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

Zip

Country

33901

USA

4. FEI Number

65-0535712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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

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

TITLE PD
NAME MENAGER, EMMANUEL B.
STREET ADDRESS 629 SW 21ST TERRACE
CITY-ST-ZIP CAPE CORAL FL 33991 ☐ Delete

TITLE VPSD
NAME YVES BENOIT
STREET ADDRESS 618 DAYTON AVE
CITY-ST-ZIP LEHIGH ACRES FL 33936 ☐ Delete

TITLE TD
NAME BEAUBRUN, MARIE
STREET ADDRESS 4322 PALM TREE BLVD
CITY-ST-ZIP CAPE CORAL FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPSD
NAME YVES BENOIT
STREET ADDRESS 11151 LAKELAND CIRCLE
CITY-ST-ZIP FORT MYERS FL 33913 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 239-458-1934

Date

Daytime Phone #

CR2E037 (9/01)