

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91432 018 \*\*\*\*61.25

**DOCUMENT # N95000000156**

1. Entity Name  
**HAITIAN-AMERICAN CENTER FOR ECONOMIC AND PUBLIC  
AFFAIRS (HACEPA), INC.**



Principal Place of Business  
**12320 NE 6TH AVENUE  
N MIAMI FL 33161**

Mailing Address  
**12320 NE 6TH AVENUE  
N MIAMI FL 33161**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0672400**

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

**CANTAVE, JEAN-CLAUDE P  
1970 N.W. 180TH ST.  
MIAMI FL 33056**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete  
NAME **CANTAVE, JEAN-CLAUDE P**  
STREET ADDRESS **1970 NW 180TH ST**  
CITY-ST-ZIP **MIAMI FL 33056**

TITLE **S** ☐ Change ☒ Addition  
NAME **Philogene, Marie E.**  
STREET ADDRESS **12620 NW 12th Avenue**  
CITY-ST-ZIP **North Miami Florida 33167**

TITLE **VP** ☐ Delete  
NAME **JEAN-LOUIS, ROLAND DR.**  
STREET ADDRESS **13785 NW 5TH AVE**  
CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE **T** ☐ Delete  
NAME **DESTINE, JEAN-CLAUDE**  
STREET ADDRESS **345 NW 101ST ST**  
CITY-ST-ZIP **MIAMI FL 33150**

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

TITLE **D** ☐ Delete  
NAME **MONDESIN, LEON T**  
STREET ADDRESS **580 NE 133RD ST**  
CITY-ST-ZIP **NORTH MIAMI FL**

TITLE ☒ Change ☐ Addition  
NAME **Mondesir**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MIRVILLE, ERNST**  
STREET ADDRESS **2020 W ALCAZAR DR**  
CITY-ST-ZIP **MIRAMAR FL 33023**

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

TITLE **D** ☐ Delete  
NAME **NARCHET, FLAYEL**  
STREET ADDRESS **7624 N.E. 2ND AVE**  
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:

4-29-2003

(305) 899-7712

CR2E037 (10/02)