

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003534

1. Entity Name

HAITIAN RESOURCE CENTER, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90033 023 ****61.25

Principal Place of Business

301 BROADWAY
STE. 217
RIVIERA BEACH FL 33404

Mailing Address

301 BROADWAY
STE. 217
RIVIERA BEACH FL 33404

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

65-0606158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~ESTIVERNE, JEAN C~~
~~431 49TH STREET~~
~~WEST PALM BEACH FL 33407~~

7. Name and Address of New Registered Agent

Name Linda Chery
Street Address (P.O. Box Number is Not Acceptable)

516 N. 5th Street #2
City Lantana FL Zip Code 33462

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

After September 13, 2000 min. will be \$236.25

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 CD ☒ Delete
NAME RICE, HERBERT S JR
STREET ADDRESS 8570 THOUSAND PINE
CITY-ST-ZIP WEST PALM BEACH FL 33411

TITLE TD ☒ Delete
NAME ST. LOUIS, LEONNE
STREET ADDRESS 641 58TH ST.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE SD ☐ Delete
NAME GACHELIN, FRANK
STREET ADDRESS 2034 N. DIXIE HWY.
CITY-ST-ZIP W. PALM BCH FL 33407

TITLE T ☐ Delete
NAME ST. LOUIS, LEONNE
STREET ADDRESS 641 58TH ST.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Change ☐ Addition
NAME Lenese Naval
STREET ADDRESS 5841 Ithaca Cir West
CITY-ST-ZIP Lake Worth, FL 33407

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

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

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CITY-ST-ZIP

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00 (561) 832-4230
Date Daytime Phone #

CR2E037 (5/00)