

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000000278

FILED  
Apr 29, 2003  
Secretary of State

**Entity Name:** HAITIAN OUTREACH PARTNERSHIP FOR EMPOWERMENT INC.

**Current Principal Place of Business:**

900 NW 31 AVENUE  
FORT LAUDERDALE, FL 33311 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 NW 31 AVENUE  
FORT LAUDERDALE, FL 33311 US

**New Mailing Address:**

**FEI Number:** 65-0666148

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOUISSAINT, CLAUDE P  
4310 NW 16 STREET  
#207  
LAUDERHILL, FL 33313 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOUISSAINT, CLAUDE P  
Address: 4310 NW 16 STREET #207  
City-St-Zip: LAUDERHILL, FL 33313

Title: D ( ) Delete  
Name: PHANORD, MARICILE  
Address: 2640 NE 8 AVENUE #2  
City-St-Zip: WILTON MANORS, FL 33334

Title: D ( ) Delete  
Name: GROVE, ELIZABETH  
Address: 4329 CORAL SPRINGS DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: ACCIME, KESSNER  
Address: 5540 NW 40 TERRACE  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D ( ) Delete  
Name: DUBOIS, JOCELYN  
Address: 6630 SW 15 ST.  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE LOUISAINT

D

04/29/2003

Electronic Signature of Signing Officer or Director

Date