

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90186 023 ****61.25

DOCUMENT # N96000004880

1. Entity Name

HAITIAN AMERICAN COMMUNITY FOUNDATION, INC.

Principal Place of Business

Mailing Address

**3740 N. ANDREWS AVE.
 FORT LAUDERDALE FL 33309-5262
 US**

**3740 N. ANDREWS AVE.
 FORT LAUDERDALE FL 33309-5262
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0702746

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

**SANON, EDY
 3917 N. ANDREWS AVE.
 FT. LAUDERDALE FL 33309**

Name: **SANON, - EDY**

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

3740 N. ANDREWS AVENUE

City **FORT LAUDERDALE**

FL

Zip Code
33309

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.

EXEC. DIRECTOR 04/03/2000

(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 **DCP** ☐ Delete
 NAME **OLVA, POLO**
 STREET ADDRESS **1108 NW 9 AVE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33311**

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

TITLE **DT** ☐ Delete
 NAME **DORSAINT-SIMON, MARIE C**
 STREET ADDRESS **9881 W. BAY HARBOR DR #1**
 CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

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

TITLE **D** ☐ Delete
 NAME **ARMAND, MARGARET**
 STREET ADDRESS **2071 SW 52 WAY**
 CITY-ST-ZIP **PLANTATION FL 33317**

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

TITLE **DS** ☐ Delete
 NAME **NUNES, DAVID**
 STREET ADDRESS **3917 N. ANDREWS AVE.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33309**

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

TITLE **DM** ☐ Delete
 NAME **SANON, EDY**
 STREET ADDRESS **8235 WINDSOR DR**
 CITY-ST-ZIP **MIRAMAR FL 33025**

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

TITLE **D** ☐ Delete
 NAME **NEWTON, KATHY**
 STREET ADDRESS **1420 N. PARK DR**
 CITY-ST-ZIP **FT LAUDERDALE FL 33326**

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 REOCHERMAN OF/30/00 (954)523-0767**