

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000004880**

1. Entity Name

HAITIAN AMERICAN COMMUNITY FOUNDATION, INC.**FILED**
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91184 024 ****61.25

Principal Place of Business

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

Mailing Address

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

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

65-0702746

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****SANON, EDY
3740 N ANDREWS AVE
FT. LAUDERDALE FL 33309**

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
OLVA, POLO
1108 NW 9 AVE
FT LAUDERDALE FL 33311** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCP
CHARLES, TALES
60 NW 37th STREET
OAKLAND PARK, FL 33309** ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
DORSAINT-SIMON, MARIE C
9881 W. BAY HARBOR DR #1
BAY HARBOR ISLAND FL 33154** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
KOJO, DEBRA
5502 NW 24th STREET
LAUDERHILL, FL 33313** ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ARMAND, MARGARET
2071 SW 52 WAY
PLANTATION FL 33317** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JEAN VERTUS, OMY
11 SW 6th STREET, APT. 7
DELRAY BEACH, FL 3344** ☒ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
NUNES, DAVID
3917 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DM
SANON, EDY
8235 WINDSOR DR
MIRAMAR FL 33025** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
NEWTON, KATHY
1420 N. PARK DR
FT. LAUDERDALE FL 33326** ☐ DeleteTITLE
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

Date

Daytime Phone #

CR2E037 (9/01)