

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

10/0494

DOCUMENT # N97000000303

1. Entity Name

HAITIAN ALLIANCE SOUTHERN DISTRICT, INC.

02-19-2002 90059 035 ****61.25

Principal Place of Business

Mailing Address

**898 S.W. 10TH STREET
 DELRAY BEACH FL 33444**

**P.O. BOX 7864
 DELRAY BEACH FL 33482**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0720889

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

**ALEXANDRE, JEAN A REV.
 1227 MONROE BLVD.
 LANTANA FL 33461**

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 \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

\$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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **BUSBY, ALBERTO F TH.D.**
 CITY-ST-ZIP **706 S.W. 23RD AVENUE
 BOYNTON BEACH FL 33435**

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

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **JEAN, JEAN ROBERT**
 CITY-ST-ZIP **2712 DORSON WAY
 DELRAY BEACH FL 33445**

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

TITLE ☐ Delete
 NAME ~~**ADNER, JOSEPH**~~
 STREET ADDRESS ~~**309 SOUTHRIDGE ROAD**~~
 CITY-ST-ZIP ~~**DELRAY BEACH FL 33444**~~

TITLE ☐ Change ☐ Addition
 NAME **Rev. Adner Joseph**
 STREET ADDRESS **2706 S.W. 4th. Street**
 CITY-ST-ZIP **Boynton Beh. Fl. 33435**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DIEUGRAND, JACQUES**
 CITY-ST-ZIP ~~**2120 HELENE CIRCLE**~~
~~**BOYNTON BEACH FL 33436**~~

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **Dieugrand, Jacques**
 STREET ADDRESS **5341 Helene Circle**
 CITY-ST-ZIP **Boynton Beh. Fl. 33437**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 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 OF ALBERTO F. BUSBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)