

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000000745

1. Entity Name

HAITI VISION OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

5461 TEXAS AVENUE
NAPLES FL 34113

Mailing Address

5461 TEXAS AVENUE
NAPLES FL 34113

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10992

Suite, Apt. #, etc.

City & State

City & State
Naples, FL

Zip

Country

Zip

Country

34101

USA

4. FEI Number

65-0702646

Applied For

Not Applicable

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

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
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
PTD
ST. LOUIS, RAPHAEL
5461 TEXAS AVENUE
NAPLES FL 34113 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPSD
ST. LOUIS, ANALIA
5461 TEXAS AVENUE
NAPLES FL 34113 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ST LOUIS, MICHELET
PSST RIVIERE FROIDE CARREFOUR CP 11095
PORT-AU-PRINCE HAITI, GA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
St. Louis, Michelet
2eme Ruelle Laraque No. 23 bis
Port-Au-Prince, Haiti WI ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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☐ 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: ✓

Raphael St. Louis, PRES. REQUIRED

Raphael St. Louis, PRES. ✓

Date

Daytime Phone #

✓ (941) 404-7192



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)