

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002698

1. Entity Name

HAITIAN AMERICAN ASSOCIATION AGAINST CANCER, INC

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90032 001 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1444 BISCAYNE BLVD  
STE 230  
MIAMI FL 33132  
US

1444 BISCAYNE BLVD  
STE 230  
MIAMI FL 33132-1422  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

225 NE 34th Street

3. Mailing Address

225 NE 34th Street

Suite, Apt. #, etc.

Suite # 208

Suite, Apt. #, etc.

Suite # 208

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0761586

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33137

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CALIXTE, JACQUES A	
STREET ADDRESS	1001 NORTHEAST 125TH STREET	
CITY-STATE-ZIP	NORTH MIAMI FL 33161	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	BLOT, ROSE P	
STREET ADDRESS	1001 NORTHEAST 125TH STREET	
CITY-STATE-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOISE, RUDOLPH DR	
STREET ADDRESS	1001 NE 125 STREET, STE 108	
CITY-STATE-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLOT, GUERNA	
STREET ADDRESS	1535 NE 142 ST	
CITY-STATE-ZIP	FT LAUDERDALE FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENARD, CARMELLE	
STREET ADDRESS	3171 NW 67 CT	
CITY-STATE-ZIP	FT LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Delete
NAME	FABIEN, DEOLER	
STREET ADDRESS	14613 SW 104 ST	
CITY-STATE-ZIP	MIAMI FL 33186	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Calixte, Jaques A	
STREET ADDRESS	225 NE 34th Street, Suite #208	
CITY-STATE-ZIP	Miami, FL 33137	
TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blot, Rose P	
STREET ADDRESS	225 NE 34th Street, Suite #208	
CITY-STATE-ZIP	Miami, FL 33137	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Desrouleaux	
STREET ADDRESS	12600 SW 189th Street	
CITY-STATE-ZIP	Miami, FL 33177	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Denize-Auguste, Pascale	
STREET ADDRESS	8911 SW 57th Street	
CITY-STATE-ZIP	Cooper City, FL 33328	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Moise, Rudolph Dr.	
STREET ADDRESS	225 NE 34th Street, Suite #208	
CITY-STATE-ZIP	Miami, FL 33137	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fabien, Didier	
STREET ADDRESS	13212 S.W. 108th St. Circle	
CITY-STATE-ZIP	Miami, FL 33186	

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 REQUIRED**  
JACQUES CALIXTE

Date

305-572-1826

Daytime Phone #

CR2E037 (9/99)