

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

0039094

DOCUMENT # N97000002698

1. Entity Name

HAITIAN AMERICAN ASSOCIATION AGAINST CANCER, INC

04-13-2001 90077 039 *****70.00

Principal Place of Business

Mailing Address

**225 NE 34TH ST
 STE 208
 MIAMI FL 33137
 US**

**225 NE 34TH ST
 STE 208
 MIAMI FL 33137
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0761586

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

**AMERILAWYER CHARTERED
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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
 CALIXTE, JACQUES A
 225 NE 34TH ST STE 208
 MIAMI FL 33137** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Director
 Jean Desrouleaux
 12600 SW 189th Street
 Miami, FL 33177** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VSD
 BLOT, ROSE P
 225 NE 34TH ST STE 208
 MIAMI FL 33137** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Director
 Denize-Auguste, Pascale
 8911 SW 57th Street
 Cooper City, FL 33328** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MOISE, RUDOLPH DR
 225 NE 34TH ST STE 208
 MIAMI FL 33137** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BLOT, GUERNA
 1535 NE 142 ST
 FT LAUDERDALE FL 33161** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BLOT, GUERNA
 1535 NE 142 ST
 FT LAUDERDALE FL 33161** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MENARD, CARMELLE
 3171 NW 67 CT
 FT LAUDERDALE FL 33309** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MENARD, CARMELLE
 3171 NW 67 CT
 FT LAUDERDALE FL 33309** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 FABIEN, DEOLER
 13212 SW 108TH ST CIRCLE
 MIAMI FL 33186** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 FABIEN, DEOLER
 13212 SW 108TH ST CIRCLE
 MIAMI FL 33186** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 FABIEN, DEOLER
 13212 SW 108TH ST CIRCLE
 MIAMI FL 33186** ☒ Delete

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01

305-572-1825

Date

Daytime Phone #

CR2E037 (10/00)