2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002794

Entity Name

SIGNATURE:

HAITIAN AMERICAN COMMUNITY BROADCASTING ASSOCIATION, INC.



FILED Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90598 020 ****61.25

Principal Place of Business 12393 NE 6TH AVENUE MIAMITE 33161		Mailing Address 12393 NE 6TH AVENUE MIAMI FL 33161						
	N.W2 AVE	•		1 (18(1))) (14)) (10) (0 10)51 10)(1 60)(1 10)(1 10)			
	Place of Business	<u>K</u>						
12360 N.W 2 AVE		o. Maining Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING	CHANGES		
N-WIAWI, HA Zip Country 33168 USA		City & State		4. FEI Number N	4. FEI Number NOT APPLICABLE		oplied For ot Applicable	
		Zip	Country	5. Certificate of St.	5. Certificate of Status Desired Fee		.75 Additional Required	
	6. Name and Address of Current F	legistered Agent	محجمه والمحاجبان	7. Name and Add	ress of New Registered A	gent		ŀ
EMBAANII	EI DAVMOND		Name					
EMMANUEL, RAYMOND 12393 NE 6TH AVENUE		Street Address		Idress (P.O. Box Number is N	s (P.O. Box Number is Not Acceptable)			
MIAMI FL	33161					1		
			City		FL	Zip Cod		
	named entity submits this statement for tions of registered agent.	the purpose of changing its r	egistered office or	registered agent, or both, in	the State of Florida. I am fa	miliar with,	and accept	
SIGNATURE	}	,						
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registered Agent signatur	re required when reinstating)	DATE			
I	FILE NOW: FEE IS \$61.25	9. Election Camp Trust Fund Co		\$5.00 May Be Added to Fees	Make Check Florida Departr			
10.	FILE NOW: FEE IS \$61.25	Trust Fund Co		Added to Fees		ment of S	State	
	OFFICERS AND DIRE	Trust Fund Co	entribution. [Added to Fees	Florida Departr	ment of S	State	(60)
10. TITLE NAME	OFFICERS AND DIRECTOR OF THE CONTROL OF T	Trust Fund Co	11. TITLE NAME	Added to Fees	Florida Departr	nent of S	State 10	(10/02)
10. TITLE NAME STREET ADDRESS	OFFICERS AND DIRE DEMMANUEL, RAYMOND 12393 NE 6TH AVENUE	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Departr	nent of S	State 10	137 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D EMMANUEL, RAYMOND 12393 NE 6TH AVENUE MIAMI FL 33161	Trust Fund Co	11. TITLE NAME	Added to Fees	Florida Departr	ment of \$ ECTORS IN Change	10 Addition	2E037 (10/02)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE D EMMANUEL, RAYMOND 12393 NE 6TH AVENUE MIAMI FL 33161 D	Trust Fund Co	TITLE STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Departr	nent of S	State 10	CB9E037 (10/09)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DIRE D EMMANUEL, RAYMOND 12393 NE 6TH AVENUE MIAMI FL 33161 D SOLOMON, ISLANDE	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida Departr	ment of \$ ECTORS IN Change	10 Addition	CB2E037 (10/09)
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DIRE D EMMANUEL, RAYMOND 12393 NE 6TH AVENUE MIAMI FL 33161 D SOLOMON, ISLANDE 284 NW 86TH STREET	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees	Florida Departr	ment of \$ ECTORS IN Change	10 Addition	CB2E037 (10/02)
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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 trusiee empoweled 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, withful other like empowered.