

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90001 021 ****61.25

DOCUMENT # N97000004116

1. Entity Name

HAITIAN ALLIANCE FOR PROGRESS, INC.

Principal Place of Business

Mailing Address

**1450 NE 151TH STREET
 NORTH MIAMI FL 33162**

**1450 NE 151TH STREET
 NORTH MIAMI FL 33162**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0798840

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

**SAINTVILLE, RENOLD
 13180 NW 8TH AVENUE
 NORTH MIAMI FL 33168**

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.

(NOT: 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 ☐ Delete
 NAME **PD SAINTVILLE, RENOLD**
 STREET ADDRESS **13180 NW 8TH AVENUE**
 CITY-ST-ZIP **NORTH MIAMI FL 33168**

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

TITLE ☐ Delete
 NAME **VD DUPerval, MARIO**
 STREET ADDRESS **1450 NE 151TH STREET**
 CITY-ST-ZIP **NORTH MIAMI FL 33162**

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

TITLE ☐ Delete
 NAME **VD JEAN-CHARLES, RENOLD**
 STREET ADDRESS **915 NW 30TH STREET**
 CITY-ST-ZIP **MIAMI FL 33127**

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

TITLE ☐ Delete
 NAME **SD ROSICLAIRE, MARIE-ANGE**
 STREET ADDRESS **1051 NW 141ST STREET**
 CITY-ST-ZIP **MIAMI FL 33168**

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

TITLE ☐ Delete
 NAME **TD VIELOT, EDWIDGE**
 STREET ADDRESS **18900 NE 3RD COURT #512**
 CITY-ST-ZIP **MIAMI FL 33179**

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

TITLE ☐ Delete
 NAME **ATD ST. JULIEN, JAQUELIN**
 STREET ADDRESS **1595 NE 140TH STREET**
 CITY-ST-ZIP **NORTH MIAMI FL 33162**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-01

Date

305-815-402

Daytime Phone #

CR2E037 (10/00)

0042269