

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002056

1. Entity Name

FRIENDS FOR THE PROGRESS OF HAITI, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90237 047 ****61.25

Principal Place of Business

Mailing Address

~~99 NE 150 STREET~~
~~NORTH MIAMI FL 33161~~

~~99 NE 150 STREET~~
~~NORTH MIAMI FL 33161~~

2. Principal Place of Business

3. Mailing Address

1100 NE 125 st
 Suite, Apt. #, etc.
 103

1100 NE 125 st
 Suite, Apt. #, etc.
 # 103

City & State
 North Miami FL
 Zip
 33161
 Country
 Dade

City & State
 North Miami FL
 Zip
 33161
 Country
 Dade

4. FEI Number 65-0826717

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

AMERILAWYER
 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
 After September 13, 2000 min. will be \$236.25

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 PD President / Executive Director ☐ Delete
 NAME DEBROSEE, LESLY
 STREET ADDRESS 99 NE 150 STREET
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE Vice President Assistant Executive Director ☐ Change ☒ Addition
 NAME Georges Eugene
 STREET ADDRESS 1100 NE 125 st #103 N. Miami FL 33161
 CITY-ST-ZIP 33161

TITLE VSD Vice President / Tr ☐ Delete
 NAME BONCY, ADRIEN
 STREET ADDRESS 99 NE 150 STREET
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE Vice President Assistant Treas ☐ Change ☒ Addition
 NAME Manuel Acosta
 STREET ADDRESS 1100 NE 125 st #103 N. Mia FL 33161
 CITY-ST-ZIP 33161

TITLE TD ☒ Delete
 NAME BONCY, NICOLE
 STREET ADDRESS 99 NE 150 STREET
 CITY-ST-ZIP NORTH MIAMI FL 33161

TITLE Secretary ☐ Change ☒ Addition
 NAME Michelle A Gilman
 STREET ADDRESS 1100 NE 125 st #103 N. Mia FL 33161
 CITY-ST-ZIP 33161

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Lesly Debrosee
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/23/00 (305) 891-3070
 Date Daytime Phone #

CR2E037 (5/00)

Attachment
OFF NG80WU206
DU85293

FRIENDS FOR THE PROGRESS OF HAITI, INC.

- Division of Corporations -

- 1- **Lesly Debrosse**
~~President~~ / ~~Executive Director~~
- 2- **Georges Eugene**
~~Senior Vice-President~~ / ~~Assistant Executive Director~~
- 3- **Fernando Casanova**
~~Chairman~~
- 4- **Adrien Boncy**
~~Vice President~~ / ~~Treasurer~~
- 5- **Manuel Acosta**
~~Vice President~~ / ~~Assistant Treasurer~~
- 6- **Michelle A. Gilman**
~~Secretary~~

1100 NE 125th St. SUITE 103

North. MIAMI, FL. 33161

WWW.FRIENDSFORPH.org

Web site will come very soon.

Phone: (305) 891-3070

Fax: (305) 891-0507

E Mail: Friendsforph@prodigy.net

2000 UNIFORM BUSINESS REPORT (UBR)

091100

DOCUMENT # N98000002056

1. Entity Name
Friends for the Progress of Haiti, Inc

Principal Place of Business Mailing Address
1100 NE 125st suite #103 N. Miami Fl 33161 **Same**

A. Apelment
10005293

2. Principal Place of Business 3. Mailing Address
1100 NE 125st **1100 NE 125st**
Suite, Apt. #, etc. Suite, Apt. #, etc.
#103 **#103**
City & State City & State
N. Miami FL **N. Miami FL**
Zip Country Zip Country
33161 **Dade** **33161** **Dade**

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0826717** Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AMEILAWYER
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP
President/Director executive **Lesly Debrosse** **1100 NE 125st suite 103 N. M FL 33161**
Vice President Treasurer **Adrien Boncy** **1100 NE 125st N. Mia FL 33161**
Chairman **Fernando Casanova** **1100 NE 125st #103 N. Mia FL 33161**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Vice/Assistant Executive Dir **Georges Eugene** **1100 NE 125st #103 N. Miami FL 33161**
Vice/Assistant Treasurer **Manuel Acosta** **1100 NE 125st #103 N. Mia FL 33161**
Secretary **Michelle A. Gilman** **1100 NE 125st #103 N. Mia FL 33161**

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: *Lesly Debrosse* **08/23/00 (305) 891-3070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)