2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N9800002056 Sep 12, 2000 8:00 am Secretary of State 1. Entity Name FRIENDS FOR THE PROGRESS OF HAITI, INC. 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 MIAMILET 33161 2. Principal Place of Business 3. Mailing Address 1100 NE 125 ST 1100 NE Suite, Apt. #, etc. Suite, Ant. #, etc. DO NOT WRITE IN THIS SPACE 103 Applied For City & State 4. FEI Number City & State 65-0826717 Not Applicable \$8.75 Additional Country Country Certificate of Status Desired 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) **AMERILAWYER** -343 ALMERIA-AVENUE CORAL GABLES FL 33134 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Department of State Added to Fees After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Vice President Assistant Executive Desert President/Executive Delete TITI F TITLE DEBROSEE, LESLY NAME NAME Director STREET ADDRESS 99 NE 150 STREET STREET ADDRESS 125st #103 N Miam F 33161 CITY-ST-7/P CITY-ST-ZIP NORTH MIAMI FL 33161 VSD Vice Hesiden Vice President Assistant Treas Change Addition TITLE ☐ Delete TITLE BONCY, ADRIEN NAME NAME Manuel Acosta STREET ADDRESS 99 NE 150 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NORTH MIAMI FL 33161 1100 NE 125 st #103 N. Mia Fl Delete Secretary TITLE TITLE **BONCY, NICOLE** NAME NAME STREET ADDRESS 99 NE 150 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NORTH MIAMI FL 33161** ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE

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 principles.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AT LAND TYPE OR PRINTED WANT OF SIGNING OFFICER OR DIRECTOR

08/23/00 (305)891-3070

AHACHMENT OHNGS DULLUZOB DUS5293

FRIENDS FOR THE PROGRESS OF HAITI, INC.

- Division of Corporations -

1_ Lesly Debrosse

Tresident Executive Director

2- Georges Eugene Senior Vice-President Assistant Executive Director

3- Fernando Casanova Chauman

4_ Adrien Boncy

- Vices Tresident Treasurer

5- Manuel Acosta
Vice Resident 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)

SIGNATURE:

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DOCU 1. Entity Nan	MENT # N 9800	00002056)					
Friends for the Progress of Hait, Inc					A Hoehnert			
Principal Plac	ce of Business	Mailing Address			Mars 293			
1100 N	IE 125st suite #1	03			AND DE LO			
•	ami Fl 33161	Sar	ne					
•	Place of Business	3. Mailing Address	_ <i>}</i>					
	ONE 125 st 100 NE 125 st Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
# 103	103 #103							
City & Stat		City & State	J. P	4. FEI Numb	-0826717	 	pplied For ot Applicable	
Zip	Country	Zip	Country	5 Certificat	e of Status Desired	\$8.75 Add	ditional	
<u> 3316</u>	6. Name and Address of Current	33161	Dade	<u> </u>	d Address of New Registere	Fee Require	ıd	
	6. Name and Address of Corrent	Aegistered Agent	Name	7. Name an	a Address of New Registere	ia Agent		
AMEILAWYER				Street Address (P.O. Box Number is Not Acceptable)				
חויות מייות	LAWYERD D	VENUE.	-					
	·		City			Zip Cod		
CORF	al Gables F	<u> / 33134</u>		·····	F	L Zip Coo		
8. The above	e named entity submits this statement for	the purpose of changing its r	egistered unice or	registered agent, or bi	on, in the state of Florida.			
		•						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signati	ure required when reinstating)	DATE			
:								
		9. Election Campaign I	· · ·	\$5.00 May Be		k Payable to)	
	FEP (\$ \$61:25	Trust Fund Contribut	iion. L	Added to Fees	Departme	ent of State		
10.	OFFICERS AND DIR		11.		HANGES TO OFFICERS AND			
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STREET ADDRESS	Adrien Bonc	У.	STREET ADDRESS	Manuet	.Hcosta	<u> </u>		
CITY-ST-ZIP	1100 NE 125 of N. D	Tia F/ 33161	CITY-ST-ZIP	1100-NE-18	<u>5st#103 N.M.</u>		3/61	
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STREET ADDRESS	1 64 1 100 1 100	sanova_	STREET ADDRESS	Michell	e H-Girma	<i>™</i> _		
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STREET ADDRESS CITY-ST-ZIP		X	STREET ADDRESS CITY-ST-ZIP					
12. I hereby	certify that the information supplied with		the exemption star					
indicatéd of the co	t on this report or supplemental report is rporation or the receiver or trustee empo	true and accurate and that my wered to execute this report a	y signature shall h	ave the same legal effe	ct as if made under oath; that	t I am an officer	or director	
cnanged	, or on an attachment with an address.	win all outer like empowered.			1 1 .		ļ	

ME OF SIGNING OFFICER OR DIRECTOR