## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # N98000002684 1. Entity Name 05-06-2002 90041 034 \*\*\*\*61.50 THE HAITIAN AMERICAN CULTURAL GROUP, INCORPORATE D Principal Place of Business Mailing Address 917-N.W.\_103BD-TERRACE P.O.BOX 260254 PEMBROKE PINES PL 33026 PEMBROKE PINES FL 33026 10405NW71 sanbrote-pins Fh 33026 Mailing Address D, Ö. Bot Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0844150 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired roward Fee Required, 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BELLABE, MARIE T 1511 NW 40 AVENUE #208 104 05 NW 7 street LAUDERHILL FL 63313 Dembrote-pins FW 3302 E BELLABE, MARIE T 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May-Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Change ☐ Addition BELLABE, MARIE T NAME NAME -1511\_NW-48-AVENUE-#200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAGRERHILL-FL 33313 CITY-ST-ZIP Delete TITLE TITLE LABORDE, SAMUEL NAME NAME 1322 WYNDCLIFF DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33414 CITY-ST-ZIP TITLE MONTILLUS, GERALD NAME NAME 15855 N.W. 10TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33028 CITY-ST-ZIP TITLE **D**elete TITLE Change ☐ Addition MONARGENT, MARIE L NAME NAME STREET ADDRESS 2650 N.W. 64TH AVENUE STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33313 CITY-ST-ZIP Delete TITLE - Change ☐ Addition DELVA, JOHN F NAME NAME 4731 N.W. 10TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33313 Change ☐ Delete TITLE ☐ Addition COLE, IRLANDA NAME

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 withpan address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

731 N.E. 161ST STREET

N. MIAMI BEACH FL 33162

STREET ADDRESS

Attach Ment N98000002684

Please Journal on all New in Jornation or documents to;
Marie T. B. Bellate president

Thank you