

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90145 001 ****61.25

DOCUMENT # N98000002684

1. Entity Name
**THE HAITIAN AMERICAN CULTURAL GROUP, INCORPORATE
D**



Principal Place of Business
**10405 NW 7TH STREET
PEMBROKE PINES FL 33026**

Mailing Address
**P.O. BOX 260254
PEMBROKE PINES FL 33026**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0844150**

☒ 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

**BELLABE, MARIE T
10405 NW 7TH STREET
PEMBROKE PINES FL 33026**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Marie Therese Bontrix Bellabe*
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~~

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BELLABE, MARIE T**
STREET ADDRESS **10405 NW 7TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **Valentia Bellabe** ☒ Change ☐ Addition
NAME **1511 NW 43 Ave #206**
STREET ADDRESS **Sander Hill, FL 33313.**
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **Cole Irlande**
STREET ADDRESS **731 NE 161st**
CITY-ST-ZIP **N. Miami Beach FL 33162**

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

TITLE **D** ☐ Delete
NAME **MONTILLUS, GERALD**
STREET ADDRESS **15855 N.W. 10TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

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

TITLE **D** ☐ Delete
NAME **COLE, IRLANDA**
STREET ADDRESS **731 N.E. 161ST STREET**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

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: *Marie Therese Bontrix Bellabe* 02-04-03

CR2E037 (10/02)