

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N98000002988**

1. Entity Name

**THE HAITIAN AMERICAN SELF-HELP ORGANIZATION, INC**

Principal Place of Business

**934 NO. MAGNOLIA AVE..STE.226  
ORLANDO FL 32803**

Mailing Address

**934 NO. MAGNOLIA AVE..STE.226  
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-3474488**

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****PICARD, JEAN CLAUDE  
7237 PLEASANT DR.  
ORLANDO FL 32818**

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**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PICARD, JEAN CLAUDE</b>	
STREET ADDRESS	<b>7237 PLEASANT DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PICARD, LAMERCIE</b>	
STREET ADDRESS	<b>7237 PLEASANT DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32818</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, CHARLES</b>	
STREET ADDRESS	<b>1511 GLASTONBERRY RD.</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: JEAN CLAUDE PICARD 4/1/02 (407)246-0502****FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90716 015 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)