

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

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90206 001 ****61.25

DOCUMENT # N98000002988

1. Entity Name

THE HAITIAN AMERICAN SELF-HELP ORGANIZATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

8630 VALLEY RIDGE CT.

City & State

ORLANDO, Florida

Zip

32818

Country

U.S.A

3. Mailing Address

Suite, Apt. #, etc.

8630 VALLEY RIDGE CT.

City & State

ORLANDO, Florida

Zip

32818

Country

U.S.A

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4. FEI Number 59-3474488

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jean Claude Picard

Street Address (P.O. Box Number is Not Acceptable)

8630 VALLEY RIDGE CT.

City

ORLANDO

FL

Zip Code

32818

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICARD, JEAN CLAUDE 8630 Valley Rig ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PICARD, LAMERCIE 8630 VALLEY RIDGE CT. ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, CHARLES 1511 GLASTONBERRY RD MAITLAND, FL 32751
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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 on an attachment with an address, with all other fees empowered.

SIGNATURE:

Jean Claude Picard JEAN CLAUDE PICARD

05/07/04

(407)293-7096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)