

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004272

1. Entity Name

THE HAITIAN CONNECTION FOR DEVELOPMENT, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90014 049 ****61.25

Principal Place of Business

300 N. JOG RD.
WEST PALM BEACH FL 33413

Mailing Address

PO BOX 221801
WEST PALM BEACH FL 33417

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0851807

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

PROPHETE, ETIENNE
300 N. JOG RD.
WEST PALM BEACH FL 33413

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

3807 Beresford Rd E
City West Palm Beach **FL** Zip Code 33417

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
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS PROPHETE, ETIENNE
CITY-ST-ZIP PO BOX 221801 N/A
WEST PALM BEACH FL 33417

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

TITLE ☐ Delete
NAME D
STREET ADDRESS PANIER, MARA
CITY-ST-ZIP PO BOX 221801 N/A
WEST PALM BEACH FL 33417

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

TITLE ☐ Delete
NAME D
STREET ADDRESS FENELUS, MARIE ROSE
CITY-ST-ZIP PO BOX 221801 N/A
WEST PALM BEACH FL 33417

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Etienne Prophete REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00
Date

561-684-8436
Daytime Phone #

CR2E037 (5/00)