

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Oct 02, 2002 8:00 am**  
**Secretary of State**

10-02-2002 90120 010 \*\*\*\*70.00

**DOCUMENT # N98000004272**

1. Entity Name

**THE HAITIAN CONNECTION FOR DEVELOPMENT, INC.**

Principal Place of Business

Mailing Address

300 N. JOG RD.  
 WEST PALM BEACH FL 33413

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

DO NOT WRITE IN THIS SPACE

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  
 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**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  
 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.

CR2E037 (4/02)

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



*Attachment*

FLORIDA DEPARTMENT OF STATE

**Jim Smith**

Secretary of State

September 16, 2002

THE HAITIAN CONNECTION FOR DEVELOPMENT, INC.  
PO BOX 221801  
WEST PALM BEACH, FL 33417

Subject: THE HAITIAN CONNECTION FOR DEVELOPMENT, INC.

Reference Number: N98000004272

*678791*

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA  
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the  
Division of Corporations at (850) 488-9000.

/JN

ANNUAL REPORTS SECTION

Attachment

678791

# D98000004272

Attachment  
# D98000004272

DEPARTMENT OF STATE  
FOR OPPOSITION ONLY  
ACCT # 1009068796

SEP 12 2002

RECEIVED BY BANK OF AMERICA

EGLISE CHRETIENNE HAITIENNE  
DE PALM BCH

3807 BERESFORD ROAD EAST  
WEST PALM BEACH, FL 33417

1729

DATE

9-8-02

63-4/630 FL  
1447

PAY  
TO THE  
ORDER OF

\$ 70.00

Seventy 00/100

DOLLARS

Bank of America.

ACH R/T 063000047

FOR

65-08518.07

Maria Rose Fenelus

0001729 063000047 001611884316

Attachment  
# D98000004272