

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98 000004299 ✓

Entity Name  
Gassement Pour une Nouvelle HAITI

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 91110 001 \*\*\*211.25

Principal Place of Business  
5476 NW 77ct  
MB 323  
Miami FL 33016

Mailing Address  
Same

15234

Principal Place of Business  
5476 NW 77ct

3. Mailing Address  
Same

Suite, Apt. #, etc.  
PMB 323

Suite, Apt. #, etc.

City & State  
Miami FL

City & State

Zip  
33016

Country

Zip

Country

4. FEI Number  
105-0852810

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

AmeriLawyer  
343 Almeria Ave  
Coral Gables FL 33134

## 7. Name and Address of New Registered Agent

Name Samir Mourra  
Street Address (P.O. Box Number is Not Acceptable)  
8515 NW 166 Terrace  
City Miami FL Zip Code 33016

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

*Samir Mourra*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## OFFICERS AND DIRECTORS

LE ME REET ADDRESS Y-ST-ZIP	PD Samir Mourra <input type="checkbox"/> Delete President - Secretary 8515 NW 166 Terrace Miami FL 33016
LE ME REET ADDRESS Y-ST-ZIP	Vice President Herve Leverille <input type="checkbox"/> Delete 15473 NW 77ct PMB323 Miami FL 33016
LE ME REET ADDRESS Y-ST-ZIP	Treasurer OLGA Mourra <input type="checkbox"/> Delete 8515 NW 166 Ter Miami FL 33016
LE ME REET ADDRESS Y-ST-ZIP	V-President <input checked="" type="checkbox"/> Delete Clifford Kornfield 3033 NW N River Dr Miami FL 33016
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete

## 12.

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Samir Mourra*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000 305 776 3238  
Date Daytime Phone #

CR2E034 (9/99)