

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004338

1. Entity Name

SOCIAL ACTION FOR HAITIAN DEVELOPMENT, INC.

FILED

May 06, 2002 8:00 am
Secretary of State

05-06-2002 90121 016 ****61.25

Principal Place of Business

Mailing Address

3707 E. SHADOWLAWN AVENUE
#1
TAMPA FL 33610

P.O. BOX 11396
TAMPA FL 33680

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

59-3528635

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

CENOBLE, JEAN C
3707 E. SHADOWLAWN AVENUE
#1
TAMPA FL 33610

Name JEAN C CENOBLE

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

3707 E SHADOWLAWN AVE ST

City tampa

FL

Zip Code 33610

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 JEAN C CENOBLE

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

(NOTE: Registered Agent signature required when reinstating)

DATE 4/18/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME CENOBLE, JEAN C
STREET ADDRESS 3707 E. SHADOWLAWN AVENUE
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

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

TITLE SD
NAME STIMPHIL, LUCKNER
STREET ADDRESS 8729 N. 50TH STREET, #H
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

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

TITLE TD
NAME STIMPHIL, FRANCOISE
STREET ADDRESS 8729 N. 50TH STREET, #H
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/18/02

PHONE (813) 234-2298

Daytime Phone #

CR2E037 (9/01)