

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90133 035 ****61.25

DOCUMENT # N98000007280

1. Entity Name

HAITIAN-AMERICAN SUPPORT GROUP OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

1335 WEST WASHINGTON STREET
ORLANDO FL 32805

1335 WEST WASHINGTON STREET
ORLANDO FL 32805

00129816

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

59-3553522 NOT APPLICABLE

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

BARBAER, RAY A
1238 E CONCORD ST
ORLANDO FL 32803

Name BARBER, RAY A.

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

City ORLANDO

FL

Zip Code

32806

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

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 DP
NAME ROMULUS, EDWIGE
STREET ADDRESS 4215 CAROUSEL RD
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

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

TITLE DV
NAME LAHENS, WESLEY
STREET ADDRESS 1412 W HOLDEN AVE APT A
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

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

TITLE DS
NAME BOWMAN, SABINE
STREET ADDRESS 790 E BIRCHWOOD CIR
CITY-ST-ZIP KISSIMMEE FL 34743 ☐ Delete

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

TITLE DT
NAME ALEXANDRE, ANTOINE
STREET ADDRESS 2209 WOODWIND DR
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

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

TITLE DT
NAME VENORD, JEAN
STREET ADDRESS 1510 E COLONIAL DR #300
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

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

TITLE D
NAME JEAN-BAPTISTE, RONALD
STREET ADDRESS 5244 LIGHTHOUSE RD
CITY-ST-ZIP ORLANDO FL 32839 ☐ Delete

TITLE
NAME
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

7/2/02 (407)
428-5753

CR2E037 (9/01)