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HAITIAN-AMERICAN COMMUNITY DEVELOPMENT ORGANIZAT				FILED			
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ONE SALES		GIBAGO PE GEORG		6.2001HU 1011	SECRETARY OF S CALLAHASSEF FLI	TATE ORIDA HANDANIAN	=:
2. Principal Place of Business		3. Mailing Address					
Suite, Apt.	t.#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SP	ACE -	
City & Stat	ate	City & State	·	4. FEI Number		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of S		8.75 Additional e Required	
a.	6. Name and Address of Curren	nt Registered Agent		7. Name and Ad	dress of New Registered Ap		
	/	SEIDE, FRITZ	J Name				
SEIDE, FI	RITZ J	829 RIVER RI		s (P.O. Box Number is	Not Acceptable)		
	PARK FL 32792		DR				
_	, n / ORL	ANDO, FL3282	5 city		FL	Zip Code	
8. The above	e named entity adomits this statement	or the purpose of changing its n	egistered office or regis	tered agent, or both, in	the state of Florida.		
	() state	Pro			8/20	2000	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered Agent signature requi	ired when reinstating)	DATE	<u> </u>	= #
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	FILE NOW: FEE IS \$61.25	9. Election Camp	· · · · · · · · · · · · · · · · · · ·	\$5.00 May Be	Make Check Pa		
_After.Sept	tember 13, 2000 min. will be \$	238.25 Trust Fund Cor	ntribution.	Added to Fees	Department o	f.State.	
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FRITZJSEIDE, PRESIDENT

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