

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002926

1. Entity Name

THE HAITIAN ASSOCIATION FAMILY, INC.

APPROVED
AND
FILED

01 NOV 19 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5205 HANCOCK ROAD
JACKSONVILLE FL 32254

Mailing Address

5205 HANCOCK ROAD
JACKSONVILLE FL 32254

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

59-3751305

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

PAUL, BOOZ
5205 HANCOCK ROAD
JACKSONVILLE FL 32254

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.

SIGNATURE

Signature of the current registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Sept 07, 2001

FILE NOW: FEE IS \$61.25
After September 12, 2001, 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 PD
NAME BOOZ, PAUL
STREET ADDRESS 5205 HANCOCK RD.
CITY-ST-ZIP JACKSONVILLE FL 32254 ☐ Delete

TITLE D
NAME STHAL, JEAN-GILES
STREET ADDRESS 250 NW 36TH ST.
CITY-ST-ZIP POMPANO BEACH FL 33064 ☒ Delete

TITLE VTSD
NAME PAUL, MARJORIE L
STREET ADDRESS 5205 HANCOCK RD.
CITY-ST-ZIP JACKSONVILLE FL 32254 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE D
NAME Domond BERNARD
STREET ADDRESS 141 W 41st ST
CITY-ST-ZIP JAX FL 32207 ☒ Change ☐ Addition

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

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

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 REQUIRED

09-07-2001

CR2E037 (5/01)

0001492

Jax, Fl. Nov. 19. 2001

2 of 2

To: Department of STATE
Division of Corporations

I'm sorry that the Uniform
Business Report for the Haitian
Association Family was not in
your File before or at the Sept.
26, 2001. I wasn't have the
FES yet, that I received
in Oct. I hope my case
we'll be considered

Thank You

Boz Paul
President

* ATTACHED Document
of Reception DATE.

10/26/01 FRI 21:43 FAX 678 530 6156

TELETYPE

001

Internal Revenue Service

Accounts Management Division I
Branch II - Teletype Unit
Stop 751
PO Box 47421
Chamblee, GA 30362
Phone 678-530-7234/7235
FAX 678-530-6156

Date: October 25, 2001

Employee Identification: 0726103395

TO:	MARJORIE PAUL	FAX:	904-244-5791
FROM:	Accounts Management Division I Teletype Unit	Pages:	1
Company Name	HAITIAN ASSOCIATION FAMILY	Employer ID #	59-3751305
Company Name		Employer ID #	
Company Name		Employer ID #	
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