

2000 UNIFORM BUSINESS REPORT (UBR)

3/2

DOCUMENT # N99000004172

1. Entity Name

Vision--Help For The Poor Inc.

Principal Place of Business

845 NE 126th Street
N. Miami, Fl. 33161

Mailing Address

P.O. Box 610386
N. Miami, Fl. 33261

2. Principal Place of Business

845 NE 126th Street

3. Mailing Address

P.O. Box 610386

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami, Fl.

City & State

North Miami, Fl.

4. FEI Number

65-0935326

Applied For

Not Applicable

Zip

33161

Country

Dade

Zip

33261

Country

Dade

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Ernest Macary
845 NE 126th Street
N. Miami, Fl. 33161

7. Name and Address of New Registered Agent

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, 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

TITLE	Director	<input type="checkbox"/> Delete
NAME	Ernest Macary	
STREET ADDRESS	845 NE 126th Street	
CITY-ST-ZIP	N. Miami, Fl. 33161	
TITLE	1st Assistant Director	<input type="checkbox"/> Delete
NAME	Brunel Hyppolite	
STREET ADDRESS	14505 NE 6th Ave. Apt. 206	
CITY-ST-ZIP	N. Miami, Fl. 33161	
TITLE	2nd Assistant Director	<input type="checkbox"/> Delete
NAME	Floride Macary	
STREET ADDRESS	845 NE 126th Street	
CITY-ST-ZIP	N. Miami, Fl. 33161	
TITLE	Clerk & Secretary	<input type="checkbox"/> Delete
NAME	Myriam Gassant	
STREET ADDRESS	845 NE 126th Street	
CITY-ST-ZIP	N. Miami, Fl. 33161	
TITLE	Board Manager	<input type="checkbox"/> Delete
NAME	Colin Bagwandeem	
STREET ADDRESS	13200 NE 13th Avenue	
CITY-ST-ZIP	N. Miami, Fl. 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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:

Ernest Macary

02/21/2000

(305) 3893-7761

Date

Daytime Phone #

CR2ED37 (9/99)