

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90077 020 \*\*\*\*61.25

**DOCUMENT # N99000005347**

1. Entity Name

**HAItian AMERICAN YOUTH ORGANIZATION, J.N.C.**

Principal Place of Business

Mailing Address

6420 SW 138 CT. UNIT 103  
 MIAMI FL 33183

6420 SW 138 CT. UNIT 103  
 MIAMI FL 33183

**710481**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0991919**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAVID, MIREILLE D**  
**6420 SW 138 CT, UNIT 103**  
**MIAMI FL 33183**

Name

**Sylvain-David, Mireille**

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

**6420 S. W. 138th Ct. Unit103**

City Miami

**FL**

Zip Code  
**33183**

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

**Mireille Sylvain-David**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01-09-01**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SYLVAIN, MIREILLE	6420 S.W. 138TH CT. 103	MIAMI FL 33183	<input checked="" type="checkbox"/>
D	BOISSON, LUC	6420 S.W. 138TH CT.	MIAMI FL 33183	<input checked="" type="checkbox"/>
D	BROWN, COLETTE	6420 S.W. 138TH CT.	MIAMI FL 33183	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	Executive Director	Sylvain-David Mireille	6420 S.W. 138th Ct. Unit 103	<input type="checkbox"/>	<input type="checkbox"/>
D	Associate Director	Boisson, Luc	6420 S.W. 138th Ct. Unit 103	<input type="checkbox"/>	<input type="checkbox"/>
T	Specialist of Savoir Fair	Brown, Colette M.	6420 S. W. 138th Ct. Unit 103	<input type="checkbox"/>	<input type="checkbox"/>
T	Youth Advisor	Denis, Danielle	6420 S. W. 138th Ct. Unit103	<input type="checkbox"/>	<input type="checkbox"/>
D	Environment and Education Specialist	David, Jocelyn	6420 S. W. 138th Ct. Unit103	<input type="checkbox"/>	<input type="checkbox"/>
T	Dance Specialist	Cayard, Mildred	6420 S. W. 138th Ct. Unit 103	<input type="checkbox"/>	<input type="checkbox"/>

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:

**Mireille Sylvain-David**

**01-09-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #