

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90236 048 \*\*\*\*61.25

**DOCUMENT # N99000005347**

1. Entity Name

**HAITIAN AMERICAN YOUTH ORGANIZATION, INC.**

Principal Place of Business

Mailing Address

6420 SW 138 CT. UNIT 103  
 MIAMI FL 33183

6420 SW 138 CT. UNIT 103  
 MIAMI FL 33183

2. Principal Place of Business  
 6420 S. W. 138th Ct.;

3. Mailing Address  
 6420 S. W. 138th Ct.

Suite, Apt. #, etc.  
 Unit 103

Suite, Apt. #, etc.  
 Unit 103

City & State  
 Miami, FL

City & State  
 Miami, FL

4. FEI Number

65-0991919

Applied For

Not Applicable

Zip  
 33183

Country  
 US

Zip  
 33183

Country  
 US

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

SYLVAIN-DAVID, MIREILLE  
 6420 SW 138 CT, UNIT 103  
 MIAMI FL 33183

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 reinsuring)

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, NAME: ED SYLVAIN-DAVID, MIREILLE  Delete  
 STREET ADDRESS: 6420 S.W. 138TH CT. 103  
 CITY-ST-ZIP: MIAMI FL 33183

TITLE: Treasurer  Change  Addition  
 NAME: Pantaléon Guilbaud  
 STREET ADDRESS: 6420 S. W. 138th Ct. 103  
 CITY-ST-ZIP: Miami, FL 33183

TITLE, NAME: AD BOISSON, LUC  Delete  
 STREET ADDRESS: 6420 SW 138TH CT UNIT 103  
 CITY-ST-ZIP: MIAMI FL 33183

TITLE: Secretary  Change  Addition  
 NAME: Daniel Salnave  
 STREET ADDRESS: 6420 S. W. 138th Ct. 103  
 CITY-ST-ZIP: Miami, FL 33183

TITLE, NAME: SSFT BROWN, COLETTE  Delete  
 STREET ADDRESS: 6420 SW 138TH CT UNIT 103  
 CITY-ST-ZIP: MIAMI FL 33183

TITLE, NAME:  Change  Addition  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE, NAME: YAT DENIS, DANIELLE  Delete  
 STREET ADDRESS: 6420 SW 138TH CT UNIT 103  
 CITY-ST-ZIP: MIAMI FL 33183

TITLE, NAME:  Change  Addition  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE, NAME: EESD DAVID, JOCELYN  Delete  
 STREET ADDRESS: 6420 SW 138TH CT UNIT 103  
 CITY-ST-ZIP: MIAMI FL 33183

TITLE, NAME:  Change  Addition  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE, NAME: DST CAYARD, MILDRED  Delete  
 STREET ADDRESS: 6420 SW 138TH CT UNIT 103  
 CITY-ST-ZIP: MIAMI FL 33183

TITLE, NAME:  Change  Addition  
 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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02 305-348-2186

Date

Daytime Phone #

CR2E037 (8/01)