

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0009146

DOCUMENT # N99000005347			
1. Entity Name HAITIAN AMERICAN YOUTH ORGANIZATION, INC.			
Principal Place of Business 6420 SW 138 CT. UNIT 103 MIAMI FL 33183		Mailing Address 6420 SW 138 CT. UNIT 103 MIAMI FL 33183	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SYLVAIN-DAVID, MIREILLE 6420 SW 138 CT, UNIT 103 MIAMI FL 33183		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Mireille Sylvain-David</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			

FILED
03 OCT 17 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
CHECK HERE IF MAKING CHANGES

FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED SYLVAIN-DAVID, MIREILLE 6420 S.W. 138TH CT. 103 MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000023912580 10/17/03--01077--014 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BOISSON, LUC 6420 SW 138TH CT UNIT 103 MIAMI FL 33183 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SSFT BROWN, COLETTE 6420 SW 138TH CT UNIT 103 MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SSET Marguerite Sansom 6420 SW 138th Ct. Unit 103 Miami, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete YAT DENIS, DANIELLE 6420 SW 138TH CT UNIT 103 MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete EESD DAVID, JOCELYN 6420 SW 138TH CT UNIT 103 MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete DST CAYARD, MILDRED 6420 SW 138TH CT UNIT 103 MIAMI FL 33183	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition DST Fabienne D. Pierre 6420 SW 138th Ct. Unit 103 Miami, FL 33183

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, and 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 *Mireille Sylvain-David* 10/03/04

CR2E037 (4/03)