

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-02-2001 90056 044 ****61.25

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DOCUMENT # N99000005460

1. Entity Name

HAITIAN AMERICAN PARENT'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1405 NW 167TH ST. SUITE 100
 MIAMI FL 33169**

**1405 NW 167TH ST. SUITE 100
 MIAMI FL 33169**

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

65-0998688

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

**AIME, OCTAVIUS
 1405 NW 167TH ST, SUITE 100
 MIAMI FL 33169**

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]

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
 After September 13, 2000 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

TITLE	PO	<input type="checkbox"/> Delete
NAME	AIME, OCTAVIUS	
STREET ADDRESS	PO BOX 600144	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE	VO	<input checked="" type="checkbox"/> Delete
NAME	WASHINGTON, DEBBIE OKKER	
STREET ADDRESS	PO BOX 600144	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE	VO	<input type="checkbox"/> Delete
NAME	PHILIPPE, MARIE JEAN	
STREET ADDRESS	PO BOX 600144	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALIXTE, DANIEL B	
STREET ADDRESS	PO BOX 600144	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRUNEAU, MADELAINE	
STREET ADDRESS	PO BOX 600144	
CITY-ST-ZIP	N MIAMI FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTOMENEY JORCELY	
STREET ADDRESS	110 NE 152 ST	
CITY-ST-ZIP	MIAMI FL 33161	
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:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)