

# 2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N99000005508

1. Entity Name

HUMANITARIAN ACTION FOR HAITI INC.

**FILED**  
Jul 05, 2000 8:00 am  
Secretary of State

05-20-2000 90009 014 \*\*\*\*61.25

Principal Place of Business 899 N.E. 83RD STREET MIAMI FL 33138	Mailing Address 899 N.E. 83RD STREET MIAMI FL 33138-4158
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 899 N.E. 83 ST.	3. Mailing Address 899 NE 83 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miami - FL	City & State Miami - FL
Zip 33138	Country USA

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RENESCA, ROBERT  
899 N.E. 83RD STREET  
MIAMI FL 33138

7. Name and Address of New Registered Agent

Name: Same - Robert Renesca  
Street Address (P.O. Box Number is Not Acceptable)  
899 NE 83 ST.  
City: Miami FL Zip Code: 33138

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: *Robert Renesca*

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

(NOTE: Registered Agent signature required when reinstating)

6-26-00

DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dir + Pres Rev. Robert Renesca 899 N.E. 83 ST. Miami - FL 33138 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - V.P. Pres. Joseph Ther Longe 3255 NW 97 ST. Miami - FL 33147 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director - Sec. JEAN LOUIS FAMILUS 225 NW 125 ST. Miami, FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: *ROBERT RENESCA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000  
Date

751-7892  
305-751-0568  
Daytime Phone #

CR2E037 (9/99)