

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90258 012 \*\*\*\*61.25

**DOCUMENT # N99000005508**

1. Entity Name  
**HUMANITARIAN ACTION FOR HAITI INC.**



Principal Place of Business      Mailing Address

**5860 NE 2ND AVE**      **5860 NE 2ND AVE**  
**MIAMI FL 33137**      **MIAMI FL 33137**

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 **NOT APPLICABLE**      Applied For  
Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RENESCA, ROBERT**  
**5860 NE 2ND AVENUE**  
**MIAMI FL 33137**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RENESCE, ROBERT</b>	
STREET ADDRESS	<b>5860 NE 2ND AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33137</b>	
TITLE	<b>AST</b>	<input type="checkbox"/> Delete
NAME	<b>THERLONGE, JOSEPH</b>	
STREET ADDRESS	<b>3255 NW 97TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>FAMILUS, JEAN L</b>	
STREET ADDRESS	<b>225 NW 125TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> Delete
NAME	<b>POLYCARPE, ROSEMONDE</b>	
STREET ADDRESS	<b>5552 N MIAMI AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33127</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>PIERRE, GUYLAINE</b>	
STREET ADDRESS	<b>585 NW 101ST ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33150</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TANELUS, FARELUS</b>	
STREET ADDRESS	<b>1160 NW 122ND STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL 33168</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *Robert Renesce*      04-16-03-305-754-2247

CFR2E037 (10/02)