

3/5/01-90010-018-\$150.00-\$150.00
* 9/5/01-90029-019-\$550.00-\$550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087984

1. Entity Name

HAITIAN BROADCASTING NETWORK INC.

Principal Place of Business

671 NW 119TH ST
N MIAMI FL 33161

Mailing Address

671 NW 119TH ST
N MIAMI FL 33161

2. Principal Place of Business

185 N.E. 84th St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

65-1038680

Applied For

Not Applicable

Zip

33138

Country

USA

Zip

Country

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

OLLE, DENNIS J

A&Z REGISTERED AGENT CORPORATION

2601 SOUTH BAYSHORE DR., STE 1800

MIAMI FL 33133

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MOISE, RUDOLPH
1717 N. BAYSHORE DR. #3032
MIAMI FL 33132 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

MOISE

8/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305 751-5311

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT -3 AM 9:30
00062783



DO NOT WRITE IN THIS SPACE

CR2E034 (5/01)