

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91864 024 \*\*\*158.75

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**DOCUMENT # P01000036520**

1. Entity Name

**HAITIAN + AMERICAN CONSULTING SERVICE FOR ECONOMIC  
IMPROVEMENTS & DEVELOPMENT, INC.**



Principal Place of Business

**18901 S. DIXIE HWY  
SUITE 72  
MIAMI FL 33157**

Mailing Address

**18901 S. DIXIE HWY  
SUITE 72  
MIAMI FL 33157**

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 **65-1097867**

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

**LAMARRE, MARC HARRY  
18901 SOUTH DIXIE HWY  
SUITE 72  
MIAMI FL 33157**

7. Name and Address of New Registered Agent

Name

**MARC HARRY LAMARRE**

Street Address (P.O. Box Number is Not Acceptable)

**356 NE 167th**

City

**North Miami Beach**

**FL**

Zip Code

**33162**

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

*Marc Harry Lamarre*  
Signature, typed or printed name of registered agent and title if applicable.

**President**  
(NOTE: Registered Agent signature required when reinstating)

DATE

**4/30/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: **P** ☒ Delete  
NAME: **LAMARRE, HARRY M**  
STREET ADDRESS: **18901 SOUTH DIXIE HWY -SUITE 72**  
CITY-ST-ZIP: **MIAMI FL 33157**

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

TITLE: ☐ Delete  
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CITY-ST-ZIP:   
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition  
NAME: **MARC Harry Lamarre**  
STREET ADDRESS: **356 NE 167th**  
CITY-ST-ZIP: **North Miami FL 33162**

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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CITY-ST-ZIP:   
☐ Change ☐ 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 607, 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:

*Marc Harry Lamarre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/30/03**

**(305) 253-7839**  
Daytime Phone #

CR2E034 (10/02)