

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 SEP -9 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500007823055--9

-09/18/02--01032--023

****160.00 ****160.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # *P01000069250*

1. Entity Name

HAITI MAGNET INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15393 NW 7th Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

75-3073028

Applied For

Not Applicable

Zip

Country

33169

DAVE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOSEPH LAFORTUNE

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

12998 MIRAMAR PKWY

City

MIRAMAR

FL

Zip Code

33027

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IN THIS SPACE**

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

Joseph Lafortune

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

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

TITLE *P*
NAME *JOSEPH LAFORTUNE*
STREET ADDRESS *15393 NW 7th Ave*
CITY-ST-ZIP *MIRAMAR, FL 33027*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *ALINE LAFORTUNE*
STREET ADDRESS *15393 NW 7th Ave*
CITY-ST-ZIP *MIRAMAR, FL 33027*

TITLE
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Joseph Lafortune

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034B (12/01)