

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90889 015 ***158.75

DOCUMENT # P98000008461

1. Entity Name

EXOTIC HAITIAN ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

162 SW 1 Ave

Suite, Apt. #, etc.

3. Mailing Address

162 SW 1 Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Homestead, Florida

City & State
Homestead, Florida

4. FEI Number
65-0809825

Applied For
Not Applicable

Zip
33030

Country
Dade

Zip
33030

Country
Dade

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Micheline Ducena

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

17781 SW 113 Ave

City

Miami, FL

FL

Zip Code
33157

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 **Micheline Ducena, President**

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

Micheline Ducena

(NOTE: Registered Agent signature required when reinstating)

4/29/02

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 \$550.00

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
NAME
STREET ADDRESS
CITY - ST - ZIP

Micheline Ducena, President

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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: **Micheline Ducena, President**

4/29/02

(305) 245-8158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #