

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106779

1. Entity Name

LITTLE HAITI-AFFORDABLE INVESTMENTS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90127 039 \*\*\*158.75

Principal Place of Business

Mailing Address

181 N.E. 82ND STREET 2ND FLOOR  
 MIAMI FL 33138

181 N.E. 82ND STREET 2ND FLOOR  
 MIAMI FL 33138-3755

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0883197

Applied For

Not Applicable

Zip

Country

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

AMERICAN INFORMATION SERVICES, INC.  
 ONE S.E. 3RD AVE. 28TH FLOOR  
 MIAMI FL 33131

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 HARDER, DAVID 181 N.E. 82ND STREET 2ND FLOOR MIAMI FL 33138	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTOINE AUGUSTE 181 NE 82ND ST, 2ND FL MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTOINE AUGUSTE

4/11/00

305-759-2542

Date

Daytime Phone #

CF 1014 (9/99)