

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000031684

1. Entity Name

HAITIANS UNITED CORP.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90070 033 \*\*\*158.75

Principal Place of Business

4732 WALDEN CIRCLE #1238  
ORLANDO FL 32811

Mailing Address

4732 WALDEN CIRCLE #1238  
ORLANDO FL 32811-7163

00037773



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12319 Beacontree Way

3. Mailing Address

12319 Beacontree Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orl Florida

City & State

Orl Florida

4. FEI Number

52-2169346

Applied For

Not Applicable

Zip

32837

Country

Orange

Zip

32837

Country

Orange

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

VALMONT, PAULEMON  
1813 DUNWOODIE ST.  
ORLANDO FL 32839

Name VALMONT, Paulemon  
Street Address (P.O. Box Number is Not Acceptable)  
3524 Trainie Fox Ln Apt 8  
City Orl FL Zip Code 32812

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 VALMONT, Paulemon Valmont Paulemon 4-19-00  
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	D	<input type="checkbox"/> Delete
NAME	ELNEUS, JEAN L	
STREET ADDRESS	4732 WALDEN CIRCLE #1238	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELIDOR, JONAS	
STREET ADDRESS	460 W. OAKRIDGE ROAD #125	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	D	<input type="checkbox"/> Delete
NAME	Verger, Jean	
STREET ADDRESS	12319 Beacontree Way	
CITY-ST-ZIP	Orl FL 32837	
TITLE	D	<input type="checkbox"/> Delete
NAME	Pierre Guy	
STREET ADDRESS	207 Churchill CT	
CITY-ST-ZIP	KISSIMMEE FL 34758	
TITLE	D	<input type="checkbox"/> Delete
NAME	Dive L Laurent	
STREET ADDRESS	1930 Blue's Court	
CITY-ST-ZIP	Orl FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jean L. Elneus 4-19-00 407 247 4661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)