

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91195 045 \*\*\*158.75

**DOCUMENT # P99000031684**

1. Entity Name  
**HAITIANS UNITED CORP.**

Principal Place of Business  
**710 W COLONIAL DRIVE #1047**  
**ORLANDO FL 32804**

Mailing Address  
**710 W COLONIAL DRIVE #1047**  
**ORLANDO FL 32804**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**710 W. Colonial Dr**

3. Mailing Address  
**710 W. Colonial Dr**

Suite, Apt. #, etc.  
**104**

Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State

4. FEI Number  
**52-2169346**

Applied For  
☐ Not Applicable

Zip  
**32804**

Country  
**Orange**

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**

**VERGER, JEAN**  
**12319 BEACON TREE WAY**  
**ORLANDO FL 32837**

Name  
**Jean Verger**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12319 Beacon Tree Way**

City **Orl** State **FL** Zip Code **32837**

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 **Jean Verger**

DATE **5/28/02**

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, 2002 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	<b>D</b> <b>ELNEUS, JEAN L</b> <b>4732 WALDEN CIRCLE #1238</b> <b>ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BELIDOR, JONAS</b> <b>460 W. OAKRIDGE ROAD #125</b> <b>ORLANDO FL 32809</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CENECHARLES, DIEUCINE</b> <b>550 HATTAWAY DRIVE</b> <b>ALTAMONTE SPRINGS FL 32701</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PIERRE, GUY</b> <b>207 CHURCHILL COURT</b> <b>KISSIMMEE FL 34758</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VERGER, JEAN</b> <b>12319 BEACON TREE WAY</b> <b>ORLANDO FL 32837</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Elneus, Jean L</b> <b>4345 Cason Cove Dr</b> <b>Orl FL 32811</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Clervil, LAFONTANT</b> <b>801 Grand Cayman Cir</b> <b>Orl FL 32835</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Cenecharles, Dieucine</b> <b>550 HATTAWAY Dr</b> <b>Altamonte Springs FL 32701</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Bissamthe, Siliane</b> <b>457 KASSIK Cir</b> <b>Orlando FL 32824</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Verger, Jean</b> <b>12319 Beacon Tree Way</b> <b>Orlando FL 32837</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Jean Verger**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **5/28/02**  
 Daytime Phone #

CR2E034 (9/01)