

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90033 002 \*\*\*163.75

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

2. Principal Place of Business  
4027 W Oak Ridge Rd

Suite, Apt. #, etc.

3. Mailing Address  
4027 W Oak Ridge Rd

Suite, Apt. #, etc.

City & State  
Orlando, FL 32809

Zip  
32809

Country

City & State  
Orlando, FL 32809

Zip  
32809

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2169346

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

VERGER, JEAN  
12319 BEACON TREE WAY  
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name  
Jean Lekl ELNEUS  
Street Address (P.O. Box Number is Not Acceptable)  
5032 Millenia Blvd  
Apt 303  
City Orlando FL Zip Code 32839

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jean L Elneus*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/12/03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☒ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ELNEUS, JEAN L  
STREET ADDRESS 4345 CASON COVE DR  
CITY-ST-ZIP ORLANDO FL 32811 ☒ Delete

TITLE D  
NAME LAFONTANT, CLERVIL  
STREET ADDRESS 801 GRAND CAYMAN CIR  
CITY-ST-ZIP ORLANDO FL 32835 ☐ Delete

TITLE S  
NAME CENECHARLES, DIEUCINE  
STREET ADDRESS 550 HATTAWAY DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☒ Delete

TITLE T  
NAME BISSAINTHE, SILIANE  
STREET ADDRESS 457 KASSIK CIR  
CITY-ST-ZIP ORLANDO FL 32824 ☒ Delete

TITLE D  
NAME VERGER, JEAN  
STREET ADDRESS 12319 BEACON TREE WAY  
CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME Verger, Jean  
STREET ADDRESS 12319 Beacon Tree Way  
CITY-ST-ZIP Orlando FL 32837 ☒ Change ☐ Addition

TITLE S  
NAME Caidor, Arlette  
STREET ADDRESS 2060 Cross Hatr  
CITY-ST-ZIP Orlando, FL 32837 ☐ Change ☒ Addition

TITLE T  
NAME Marcelin, Sainte-Helene  
STREET ADDRESS 3044 Bellingham Dr  
CITY-ST-ZIP Orlando, FL 32825 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Jean L Elneus*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-03 407-383-3554

CR2E034 (10/02)