

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90007 029 \*\*\*158.75

**DOCUMENT # P99000032647**

1. Entity Name  
**TECHNICAL ASSISTANCE INITIATIVE FOR SERVICES AMO  
NG HAITIANS, INC.**

Principal Place of Business Mailing Address  
**7736 EMBASSY BOULEVARD 7736 EMBASSY BOULEVARD**  
**MIRAMAR FL 33023 MIRAMAR FL 33023**

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0917257** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**JEAN-GILLES, MICHELE PH.D.**  
**7736 EMBASSY BOULEVARD**  
**MIRAMAR FL 33023**

## 7. Name and Address of New Registered Agent

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

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE PD  
NAME **TAISHAH MILAR EBONY PIERRE**  
STREET ADDRESS **7736 EMBASSY BLVD**  
CITY-ST-ZIP **MIRAMAR FL 33023** ☐ Delete

TITLE VD  
NAME **JEAN-GILLES, MICHELE PH.D.**  
STREET ADDRESS **7736 EMBASSY BOULEVARD**  
CITY-ST-ZIP **MIRAMAR FL 33023** ☐ Delete

TITLE SD  
NAME **PIERRE, LAURINUS M.D.**  
STREET ADDRESS **7736 EMBASSY BOULEVARD**  
CITY-ST-ZIP **MIRAMAR FL 33023** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:** *Michael Jean-Gilles, Ph.D.* **7/31/02** **(305) 355-9013**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

**Ta**

Technical  
Assistance  
Initiative

for  
Services

among  
Haitians

Attachment

T.A.I.S.H., Inc.

972670  
P99000032647

Florida Dept. of State  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed, please find the fee of \$150.00 for the 2002 Uniform Business Report filing for Technical Assistance Initiative for Services Among Haitians, Inc. I request waiver of the \$400 late fee because I did not receive the first notice to file the U.B.R. Thank you.

Sincerely,

*Michèle Jean-Gilles, Ph.D.*

Michèle Jean-Gilles, Ph.D.  
Registered Agent