

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000010264

**Entity Name:** HACCOF FOUNDATION INC.

**Current Principal Place of Business:**

713 NE 125 STREET  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

713 NE 125 STREET  
NORTH MIAMI, FL 33161 US

**FEI Number: 83-2050616**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SALIBA, PIERRE  
1031 BEL AIRE DRIVE W  
PEMBROKE PINES, FL 33027 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name JOSEPH, DELLEPECHE  
Address 11014 S GLEN RD  
City-State-Zip: POTAMAC MD 20854

Title SEC  
Name PIERRE, PAOLA  
Address 8588 NW 1ST LANE  
City-State-Zip: MIAMI FL 33126

Title DIRECTOR  
Name BELIZAIRE, JEAN G.  
Address 1226 LINCOLN STREET  
City-State-Zip: HOLLYWOOD FL 33019

Title VC  
Name MONTPLAISIR, CARL  
Address 4000 HOLLYWOOD BLVD  
SUITE 555 SOUTH  
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR  
Name LOZAMA, JEFF  
Address 3333 NW 168 STRETT  
City-State-Zip: MIAMI FL 33056

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PAOLA PIERRE**

**SECRETARY**

**03/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date