

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90003 004 ****61.25

DOCUMENT # N96000001378

1. Entity Name

ALLIANCE FRANCAISE DE FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

201 SE 8 AVE
 FT LAUDERDALE FL 33301

201 SE 8 AVE
 FT LAUDERDALE FL 33301-3632

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0652482

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALDEN, ANALOU
201 S.E. 8TH AVENUE
FT LAUDERDALE FL 33301

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD WALDEN, ANALOU**
 STREET ADDRESS **201 S.E. 8TH AVENUE**
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **DVP BAUER, JOHN**
 STREET ADDRESS **2200 S. OCEAN LANE #1705**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD BELLAMY, JACQUELINE**
 STREET ADDRESS **14625 HARRIS PLACE**
 CITY-ST-ZIP **MIAMI LAKES FL 33014**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD MYERS, PAULINE**
 STREET ADDRESS **2400 NE 13 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD MOURIER, CAPUCINE**
 STREET ADDRESS **201 S.E. 8TH AVENUE**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VPD JOHN MACDONALD, JOHN**
 STREET ADDRESS **4010 N. OCEAN BLVD.**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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.

FEB 11 2000

SIGNATURE: *Pauline H. Myers* SIGNATURE REQUIRED Pauline H. Myers

954-564-1203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)