

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90297 015 \*\*\*\*61.25

**DOCUMENT # N96000001378**

1. Entity Name  
**ALLIANCE FRANCAISE DE FORT LAUDERDALE, INC.**

Principal Place of Business      Mailing Address  
 201 SE 8 AVE      201 SE 8 AVE  
 FT LAUDERDALE FL 33301      FT LAUDERDALE FL 33301



LUU13001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0652482**      Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name      **BELLAMY, JACQUELINE**

Street Address (P.O. Box Number is Not Acceptable)  
**14625 HARRIS PLACE**

City      **MIAMI LAKES**      FL      Zip Code      **33014**

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      **BELLAMY JACQUELINE**      **01/16/01**

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	
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	WALDEN, ANALOU
STREET ADDRESS	201 S.E. 8TH AVENUE
CITY-ST-ZIP	FT LAUDERDALE FL 33301
TITLE	DVP <input checked="" type="checkbox"/> Delete
NAME	BAUER, JOHN
STREET ADDRESS	2200 S. OCEAN LANE #1705
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
TITLE	VPD <input type="checkbox"/> Delete
NAME	BELLAMY, JACQUELINE
STREET ADDRESS	14625 HARRIS PLACE
CITY-ST-ZIP	MIAMI LAKES FL 33014
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	MYERS, PAULINE
STREET ADDRESS	2400 NE 13 STREET
CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	SD <input checked="" type="checkbox"/> Delete
NAME	MOURIER, CAPUCINE
STREET ADDRESS	201 S.E. 8TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE FL 33301
TITLE	VPD <input checked="" type="checkbox"/> Delete
NAME	JOHN MACDONALD, JOHN
STREET ADDRESS	4010 N. OCEAN BLVD.
CITY-ST-ZIP	FORT LAUDERDALE FL 33308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAUCHY, NATASHA
STREET ADDRESS	401 SAN MARCO DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SORET, DOMINIQUE
STREET ADDRESS	4280 GALT OCEAN DRIVE # 14G
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME
STREET ADDRESS	SAME
CITY-ST-ZIP	SAME
TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAINÉ, FRANÇOISE
STREET ADDRESS	2780 SE 4th STREET
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FACTOR, LUDMILLA
STREET ADDRESS	18051 BISCAYNE BLVD
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORSYTH, SHARON
STREET ADDRESS	11460 NW 29th MANOR
CITY-ST-ZIP	SUNRISE, FL 33323

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.

SIGNATURE:      **SORÊT, DOMINIQUE**      **01/15/2001**      **954 583 9622**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

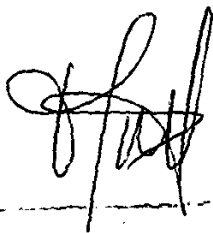
CR2E037 (10/00)

ALLIANCE FRANÇAISE DE FORT LAUDERDALE  
LIST OF DIRECTORS (CONT'D)

TITLE = D  
NAME = LEDN. COHEN, DENYSE  
STREET ADDRESS = 20210 NE 3rd COURT #6  
CITY, STATE, ZIP = MIAMI, FL 33179 -

Attachment  
C0015807  
DAN96000001378

TITLE = D  
NAME = STEWART, JOEL  
STREET ADDRESS = 2001 NE 62nd STREET  
CITY, STATE, ZIP = FORT LAUDERDALE, FL 33308.

SIGNATURE:  - SORÊT, DOMINIQUE 01/15/2001

954.563.9622