

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002939

1. Entity Name

ALLIANCE FRANCAISE DES PALM BEACHES, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90038 029 ****61.25

Principal Place of Business Mailing Address
170 CHILEAN AVENUE PO BOX 2574
PALM BEACH FL 33480 PALM BEACH FL 33480-2574
FL



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4411 Beacon Circle
3. Mailing Address 4411 Beacon Circle

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 1A Suite 1A

City & State City & State
West Palm Beach FL West Palm Beach FL

Zip Country Zip Country
33402 US 33407 US

4. FEI Number APPLIED FOR ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BRIAN, PHILIPPE
170 CHILEAN AVENUE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent
Name Philippe J. Brian
Street Address (P.O. Box Number is Not Acceptable) 4411 Beacon Circle Suite 1A
City West Palm Beach FL Zip Code 33407

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 Philippe J. Brian 04-29-00
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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIOGBY, ARLETTE		NAME		
STREET ADDRESS	1720 OCEAN BOULEVARD		STREET ADDRESS		
CITY-ST-ZIP	MANALAPALH FL 33462		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSH, NICOLE		NAME		
STREET ADDRESS	2482 PLAYERS COURT		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL 33414		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIAN, PHILIPPE		NAME		
STREET ADDRESS	170 CHILEAN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: Philippe J. Brian 04-29-00 (56) 8351111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)