

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90192 032 \*\*\*\*61.25

DOCUMENT # 741777

1. Entity Name

ALLIANCE FRANCAISE DE MIAMI, INC.

Principal Place of Business

1414 CORAL WAY  
MIAMI FL 33145  
US

Mailing Address

1414 CORAL WAY  
MIAMI FL 33145  
US

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

59-1909547

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SERGE, PAPIERNIK  
7400 KENDALL DRIVE  
#203  
MIAMI FL 33156

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

Jan 25, 2001

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	PD	<input type="checkbox"/> Delete
NAME	PAPIERNIK, SERGE	
STREET ADDRESS	7400 KEDALL DRIVE #203	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GOLDENBERG, DULCE	
STREET ADDRESS	755 NW 29 AVENUE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	AVPD	<input checked="" type="checkbox"/> Delete
NAME	ELLISON, DAVID	
STREET ADDRESS	1029 OBISPO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	FVPD	<input checked="" type="checkbox"/> Delete
NAME	ECONOMACOS, PIERRE	
STREET ADDRESS	9211 W. CALUSA CLUB DR.	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VPAD	<input checked="" type="checkbox"/> Delete
NAME	DEL VALLE, ELENA	
STREET ADDRESS	11765 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	S	<input type="checkbox"/> Delete
NAME	NETSCH, MATTE	
STREET ADDRESS	702 LEJEUNE RD., #330 235 SW LEJEUNE RD	
CITY-ST-ZIP	MIAMI FL 33126 33134	

TITLE	TR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAPIAO, ADRIEN	
STREET ADDRESS	1541 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	ATR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	B. HOLY, MARTIN	
STREET ADDRESS	8823 SW 130th Pl	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	AVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMAR, CELITA	
STREET ADDRESS	4821 PONCE DE LEON	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	FVPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULRICH, MERTEN	
STREET ADDRESS	12555 Moss Ranch Road	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VPAD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OUCHEROVITCH, LYDIE	
STREET ADDRESS	905 BRICKELL BAY DRIVE Tower 2 #227	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 25, 2001

Date

Daytime Phone #

305 670 5100

CR2E037 (10/00)