

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 14, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000001843**1. Entity Name  
**JOSEPH LAURORE FOUNDATION, INC.**

|                             |                      |
|-----------------------------|----------------------|
| Principal Place of Business | Mailing Address      |
| 3771 MOON BAY CIRCLE        | 3771 MOON BAY CIRCLE |
| WELLINGTON FL 33414         | WELLINGTON FL 33414  |

2. Principal Place of Business 3. Mailing Address

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

City &amp; State City &amp; State

Zip Country Zip Country

4. FEI Number  
**65-1004008**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****JAMES KEITH AESQ**  
222 LAKEVIEW AVENUE SUITE 800  
  
WEST PALM BEACH FL 33401**7. Name and Address of New Registered Agent**Name  
**GIBBONS ELSA PARA**  
Street Address (P.O. Box Number is Not Acceptable)  
**301 BROADWAY**  
  
**300**  
City **FL** Zip Code **33404**  
**RIVIERA BEACH**

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 **ELSA GIBBONS****02/14/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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          | <input type="checkbox"/> Delete  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          | <input type="checkbox"/> Delete  |
| NAME           | <b>D LAURORE BEAULIEU</b>        |
| STREET ADDRESS | <b>256 MADISON AVENUE APT. 1</b> |
| CITY-ST-ZIP    | <b>IRVINGTON NJ 07111</b>        |
| TITLE          | <input type="checkbox"/> Delete  |
| NAME           | <b>D LEGER HUGUE</b>             |
| STREET ADDRESS | <b>8330 NW 53RD COURT</b>        |
| CITY-ST-ZIP    | <b>LAUDERHILL FL 33315</b>       |
| TITLE          | <input type="checkbox"/> Delete  |
| NAME           | <b>D LEGER BERNADETTE</b>        |
| STREET ADDRESS | <b>3771 MOON BAY CIRCLE</b>      |
| CITY-ST-ZIP    | <b>WELLINGTON FL 33414</b>       |
| TITLE          | <input type="checkbox"/> Delete  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |
| TITLE          | <input type="checkbox"/> Delete  |
| NAME           |                                  |
| STREET ADDRESS |                                  |
| CITY-ST-ZIP    |                                  |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                |                                                                              |
|----------------|------------------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>D BELIZORE PIERRE G</b>                                                   |
| STREET ADDRESS | <b>6050 S W 26 TH ST</b>                                                     |
| CITY-ST-ZIP    | <b>MIRAMAR FL 33023</b>                                                      |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>D DUGUE FRANCOIS ENG.</b>                                                 |
| STREET ADDRESS | <b>354 SW 161 AVE</b>                                                        |
| CITY-ST-ZIP    | <b>PEMBROKE PINES FL 33027</b>                                               |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>C MONICE JEAN YMD, PA</b>                                                 |
| STREET ADDRESS | <b>11141 ALAMEDA BAY COURT</b>                                               |
| CITY-ST-ZIP    | <b>WELLINGTON FL 33414</b>                                                   |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>D GUIRAND LEGER BERNADETTE ENG.</b>                                       |
| STREET ADDRESS | <b>3771 MOON BAY CIRCLE</b>                                                  |
| CITY-ST-ZIP    | <b>WELLINGTON FL 33414</b>                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                                                                              |
| STREET ADDRESS |                                                                              |
| CITY-ST-ZIP    |                                                                              |
| 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)(f), 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: Bernadette Guirand****ED****02/14/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)