

# 2001 UNIFORM BUSINESS REPORT (UBR)

S/1

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90274 033 \*\*\*\*61.25

**DOCUMENT # N00000001994**

1. Entity Name

**ABRAHAM LINCOLN MULTI-PURPOSE LEARNING CENTER, I**

(LA)

Principal Place of Business

675 CAROLINE AVENUE  
 WEST PALM BEACH FL 33406

Mailing Address

2302 SOUTHEAST RAINIER ROAD  
 PORT ST. LUCIE FL 34952

2. Principal Place of Business

**NONE**

3. Mailing Address

**2302 SE RAINIER RD**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

City & State

**N/A**

City & State

**PORT ST. LUCIE, FLA.**

Zip

Country

Zip

Country

**34952 ST. LUCIE**

4. FEI Number

**69666 31-1726825**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOSEPH, ETHEL**  
**2302 SOUTHEAST RAINIER ROAD**  
**PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent

Name

**NONE**

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

TITLE **PD** ☐ Delete

NAME **JOSEPH, ETHEL**  
 STREET ADDRESS **2302 SOUTHEAST RAINIER ROAD**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **VD** ☐ Delete

NAME **DARGENSON, MARIE S**  
 STREET ADDRESS **1301 NORTHEAST 200TH TERRACE**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **SD** ☐ Delete

NAME **MYRTIL, HODNA**  
 STREET ADDRESS **162-62 PEACHWAY STREET**  
 CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **TD** ☐ Delete

NAME **JOSEPH, PIERRE V**  
 STREET ADDRESS **2302 SOUTHEAST RAINIER ROAD**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP **NONE**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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.

SIGNATURE:

**ETHEL JOSEPH REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-26-01 (561)398-9039**

Date Daytime Phone #

CR2E037 (10/00)