

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93648 022 ****61.25

DOCUMENT # N00000001994

1. Entity Name

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

Principal Place of Business

Mailing Address

**675 CAROLINE AVENUE
 WEST PALM BEACH FL 33406**

**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, FL

Zip

Country

2

2

Zip

Country

34952

ST-LUCIE

4. FEI Number

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, EITHEL
 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, EITHEL**
 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

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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: Eithel Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-21-02 (722) 398-9039

Date Daytime Phone #

CR2E037 (9/01)