

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91172 019 ****61.25

DOCUMENT # N00000001994

1. Entity Name

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



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

34952

Country

St Lucie

4. FEI Number **31-1726825**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Joseph Eitel*

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **JOSEPH, EITHEL**
STREET ADDRESS **2302 SOUTHEAST RAINIER ROAD**
CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE ☐ Change ☐ Addition
NAME **NONE**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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: *Eitel Joseph* **REQUIRED**

04-29-03 (772) 398-9039

CR2E037 (10/02)