

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90255 048 *****66.25

DOCUMENT # N00000004350

1. Entity Name

SUMMIT COMMUNITY HEALTH EDUCATION CENTER INCORPO

Principal Place of Business

16850 SOUTH GLADE DRIVE #4H
MIAMI BEACH FL 33168

Mailing Address

16850 SOUTH GLADE DRIVE #4H
MIAMI BEACH FL 33168

2. Principal Place of Business

615 N.E. 160TH TERRACE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-1032190

Applied For

Not Applicable

Zip

33162

Country

DADE

Zip

33162

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUGUSTIN, FELIX PIERRE
16850 SOUTH GLADE DRIVE #4H
MIAMI BEACH FL 33168

7. Name and Address of New Registered Agent

Name AUGUSTIN, FELIX PIERRE

Street Address (P.O. Box Number is Not Acceptable)

615 NE 160 TER

MIAMI

City

FL

Zip Code

33162

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 NAME DP
CHARLES, LESLY
STREET ADDRESS 486 NE 210 CIRCLE TERR #103-29
CITY-ST-ZIP N MIAMI BCH FL 33179 ☒ Delete

TITLE NAME DV
AUGUSTIN, FELIX PIERRE
STREET ADDRESS 16850 SOUTH GLADE DRIVE #4H
CITY-ST-ZIP MIAMI BEACH FL 33168 ☐ Delete

TITLE NAME D
JULES, HERBERT
STREET ADDRESS 2340 NORTH SHERMAN CIRCLE #203
CITY-ST-ZIP MIRAMAR FL 33025 ☐ Delete

TITLE NAME DS
BASTIEN, MARLENE
STREET ADDRESS 710 NE 159 STREET
CITY-ST-ZIP MIAMI FL 33162 ☐ Delete

TITLE NAME D
CEDENT, DANIEL
STREET ADDRESS 755 NW 142 STREET
CITY-ST-ZIP MIAMI FL 33168 ☐ Delete

TITLE NAME D
ACHILLE, YVELINE
STREET ADDRESS 486 NE 210 CIRCLE TERR #103-29
CITY-ST-ZIP N MIAMI BCH FL 33179 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME Ex D
CHARLES, LESLY
STREET ADDRESS 4720 SW 153rd TER
CITY-ST-ZIP MIRAMAR, FL 33027 ☒ Change ☐ Addition

TITLE NAME V-EX D
AUGUSTIN, FELIX PIERRE
STREET ADDRESS 615 NE 160 TER
CITY-ST-ZIP MIAMI, FL 33162 ☒ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Change ☐ Addition

TITLE NAME SW
FLORE LINDOR
STREET ADDRESS 16850 S GLADE DR #44
CITY-ST-ZIP MIAMI BEACH FL 33168 ☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01

305-947-8845

Date

Daytime Phone #

CR2E037 (10/00)