

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004639

1. Entity Name

INSTITUT MACONNIQUE DES SCIENCES INITIATIQUES IN

Principal Place of Business

430 N.E. 148 STREET
MIAMI FL 33161

Mailing Address

PO BOX 381793
MIAMI FL 33238-1793

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 AM 8:32



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

430 NE 148 Street

3. Mailing Address

P.O. Box 381793

Suite, Apt. #, etc.

MIAMI

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33161

Country

DADE

Zip

33238-1793

Country

DADE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

GERMAIN, CLAUDE H
430 N.E. 148 STREET
MIAMI FL 33161

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

After September 12, 2001, min. will be \$236.25

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GERMAIN, CLAUDE H
PO BOX 381793
MIAMI FL 33238-1793

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ANTHONY J. BAY
PO BOX 381793
MIAMI FL 33238-1793

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DEGRAFF, LOUIS
PO BOX 381793
MIAMI FL 33238-1793

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
900004618639--2
-10/01/01--01081--015
*****61.25 *****61.25

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 REQUIRED

9/26/01 3:05 PM 261-7541

CR2E037 (5/01)

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