

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 13, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000004767****1. Entity Name**
FONDATION ESPOIR, INC.

Principal Place of Business	Mailing Address
300 W. SUNRISE BLVD., SUITE 10	300 W. SUNRISE BLVD., SUITE 10
FT. LAUDERDALE FL 33311	FT. LAUDERDALE FL 33311

2. Principal Place of Business
Suite, Apt. #, etc.**3. Mailing Address**
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-1031332Applied For
Not Applicable

Zip Country Zip Country

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**AUSTIN MICHELLE ESQ.
409 MALLARD LANE

WESTON FL 33327

Name

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 **AUSTIN, MICHELLE, ESQ****09/13/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	D <input type="checkbox"/> Delete
NAME	AUGUSTE ANTOINE
STREET ADDRESS	10320 SW 144TH CT.
CITY-ST-ZIP	MIAMI FL 33186
TITLE	D <input type="checkbox"/> Delete
NAME	FANFAN KETLYNE LJR.
STREET ADDRESS	3006 E. MERION
CITY-ST-ZIP	WESTON FL 33332
TITLE	D <input type="checkbox"/> Delete
NAME	FANFAN JOSEPH JR.
STREET ADDRESS	3006 E. MERION
CITY-ST-ZIP	WESTON FL 33332
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTOR ALDY
STREET ADDRESS	1492 SANDPIPER CIRCLE
CITY-ST-ZIP	WESTON FL 33327
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: JOSEPH FANFAN, JR., M.D.****D 09/13/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)