

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90110 014 ****61.25

DOCUMENT # N00000006698

1. Entity Name

VISION DES JEUNES DE COTE DE FER, INC.

Principal Place of Business

1111 NW 7 TERRACE
 FT LAUDERDALE FL

Mailing Address

1111 NW 7 TERRACE
 FT LAUDERDALE FL

00052037

2. Principal Place of Business

780 S.W. 67th Ave
 Suite, Apt. #, etc.

3. Mailing Address

780 S.W. 67th Ave
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

N. Lauderdale, Fla

Zip
 33068

Country

Howard

City & State

N. Lauderdale, FL

Zip
 33068

Country

Broward

4. FEI Number

65-1053769

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FAUGUE, EWALD
 780 SW 67 AVE
 NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

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

[Signature] PD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/01

**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
 NAME FAUGUE, EWALD
 STREET ADDRESS 780 SW 67 AVE
 CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete

TITLE VD
 NAME JEAN, LUCIEN
 STREET ADDRESS 1400 NE 5 TERRACE #12
 CITY-ST-ZIP FT LAUDERDALE FL 33304 ☐ Delete

TITLE SD
 NAME FORGUE, WALTERN
 STREET ADDRESS 1111 NW 7 TERR
 CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE TD
 NAME FORGUE, WALTERN
 STREET ADDRESS 1111 NW 7 TERR
 CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE D
 NAME ST FLEUR, ACEDA
 STREET ADDRESS 3815 SW 16 STREET #4
 CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Delete

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

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

[Signature] 4/24/01 854-969-8906

CR2E037 (10/00)