7/2/2002-90814-037

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State
07-02-2002 90814 037 ****61.25

DOCUMENT # N01000002391

1. Entity Name

FOUNDATION FOR THE COMMUNAL DEVELOPMENT OF PORT-MARGO, INC.

Principal Place of Business	Mailing Address
5602 SILVER STAR RD., APT. #634 ORLANDO FL 32808	5602 SILVER STAR RD., APT. #634 ORLANDO FL 32808

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8568 Park HIGHLAND DR	8568 Park HIGHLAND DR
Suite, Apt. #, etc. ORLANDO, FL	Suite, Apt. #, etc. ORLANDO, FL
City & State 32818 USA	City & State 32818 USA
Zip / Country	Zip / Country

4. FEI Number 59-3710738 ☐ 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
AMBROISE, EDOUARD F 5602 SILVER STAR RD., APT. #634 ORLANDO FL 32808	Name: EDOUARD F. AMBROISE Street Address (P.O. Box Number is Not Acceptable): 8568 Park HIGHLAND DR City: ORLANDO FL Zip Code: 32818

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 _____ 6-24-02
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT EDOUARD F. AMBROISE 8568 PARK HIGHLAND DR ORLANDO, FL 32818	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ANTHONY JEAN 12901 NE 13Ave MIAMI, FL 33161	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	+ SECRETARY PASCALE M. AMBROISE 8568 PARK HIGHLAND DR ORLANDO, FL 32818	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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 6-24-02 (407) 295 7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #