

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90108 043 \*\*\*\*61.25

**DOCUMENT # N01000006142**

1. Entity Name

**FONDATION JEAN XXIII INCORPORATED**

Principal Place of Business

7370 NORTHWEST 36TH STREET  
 SUITE 319-M  
 MIAMI FL 33166

Mailing Address

7370 NORTHWEST 36TH STREET  
 SUITE 319-M  
 MIAMI FL 33166

2. Principal Place of Business

**1475 NW 193 TERRACE**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL.**

City & State

4. FEI Number

**65-11333 41**

Applied For

Not Applicable

Zip

**33169**

Country

**DADE**

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

**SPIEGEL & UTRERA, P.A.**  
**1840 SW 22ND ST.**  
**4TH FLOOR**  
**MIAMI FL 33145**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,  
 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **LIGONDE, JEAN L**  
 STREET ADDRESS **7370 NORTHWEST 36TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **PD** ☒ Change ☐ Addition  
 NAME **JEAN LUCIEN LIGONDE**  
 STREET ADDRESS **1475 NW 193 TERR.**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **SD** ☐ Delete  
 NAME **CLERGE, NICOLAS**  
 STREET ADDRESS **7370 NORTHWEST 36TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **SD** ☒ Change ☐ Addition  
 NAME **NICOLAS CLERGE**  
 STREET ADDRESS **1475 NW 193 TERR**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE **TD** ☐ Delete  
 NAME **JUMEAU, RENE J**  
 STREET ADDRESS **7370 NORTHWEST 36TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **TD** ☒ Change ☐ Addition  
 NAME **RENE J. JUMEAU**  
 STREET ADDRESS **1475 NW 193 TERR.**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 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:

*JEAN LUCIEN LIGONDE* **JEAN LUCIEN LIGONDE** 7/16/2002 (305) 651-5318

CR2E037 (4/02)