

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 06, 2002 8:00 am
Secretary of State

08-06-2002 90133 017 ****61.25

DOCUMENT # N01000006610

1. Entity Name

ESPOIR 2000, INC.

Principal Place of Business

Mailing Address

330 S.W. 20TH AVENUE
 SUITE 3
 FORT LAUDERDALE FL 33312

330 S.W. 20TH AVENUE
 SUITE 3
 FORT LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Fort-Lauderdale, FL
 33312
 USA

4. FEI Number

65-1140746

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

VIRGILE, JEAN R
 690 N.E. 13TH STREET
 SUITE 105
 FORT LAUDERDALE FL 33304

Name

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

City

Zip Code

Fontaine Theophilin
 2501 N. Andrews Ave
 Fort Lauderdale
 Fort Lauderdale FL 33311

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
CD	LOUIS SAINT, LOUIS	330 S.W. 20TH AVENUE	FORT LAUDERDALE FL 33312	<input type="checkbox"/>
SD	DORSAINVIL, MACENE	330 S.W. 20TH AVENUE	FORT LAUDERDALE FL 33312	<input type="checkbox"/>
TD	MINISTRE, ISLENE T	330 S.W. 20TH AVENUE	FORT LAUDERDALE FL 33312	<input type="checkbox"/>
D	ANTOINE, JACQUELINE	330 S.W. 20TH AVENUE	FORT LAUDERDALE FL 33312	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (4/02)

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

8/2/02 (954) 578-2165