

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91753 012 ***150.00

DOCUMENT # N01000007725

1. Entity Name

FRANCOPHILES SANS FRONTIERES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1401 DEWEY STREET

Suite, Apt. #, etc.

3. Mailing Address

1401 DEWEY STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD, FL

City & State
HOLLYWOOD, FL

4. FEI Number
65-1151427

Applied For
Not Applicable

Zip
33020

Country
USA

Zip
33020

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
FERNAND LAMOTHE

Street Address (P.O. Box Number is Not Acceptable)
1401 DEWEY STREET

City
HOLLYWOOD FL Zip Code
33020

DO NOT WRITE
IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
LAMOTHE FERNAND
1401 DEWEY STREET
HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D.
COURAGE, YVONNE
2550 ADAMS STREET
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D.
GOVAERT, ANAHID
2231 NE 192TH STREET
N MIAMI BEACH, FL 33180

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCEMAMA, PATRICE
2550 ADAMS STREET
HOLLYWOOD, FL 33021

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D.
BOUCICAUT, ERIC
14321 SW 99TH CT
MIAMI, FL 33176

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
DOUZE, DONALD
1280 SW 101 TERRACE # 106
PEMBROKE PINES, FL 33025

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #