

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90079 046 \*\*\*\*61.25

**DOCUMENT # N01000007725**

1. Entity Name  
**FRANCOPHILES SANS FRONTIERES INC.**



Principal Place of Business  
**1401 DEWEY STREET  
HOLLYWOOD FL 33020**

Mailing Address  
**1401 DEWEY STREET  
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1151427**

Applied For

Not Applicable

Zip

Country

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

**LAMOTHE, FERNAND  
1401 DEWEY STREET  
HOLLYWOOD FL 33020**

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

**FILE NOW; FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition  
NAME **CHRISTINA FALCONE-MCKEYTT**  
STREET ADDRESS **3123 LEE STREET**  
CITY-ST-ZIP **Hollywood, FL, 33021**

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

TITLE **D** ☐ Change ☐ Addition  
NAME **GOVAERT, ANAHID**  
STREET ADDRESS **2231 NE 192TH STREET**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **D** ☐ Change ☐ Addition  
NAME **BOUCICAUT, ERIC**  
STREET ADDRESS **14321 SW 99 CT**  
CITY-ST-ZIP **MIAMI FL 33176**

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

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

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

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

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

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

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]*

04/08/03 954-922-1313

CR2E037 (10/02)