

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000338

FILED
Apr 29, 2003
Secretary of State

Entity Name: ASSOCIATION PATRIOTIQUE DES AZILOIS DE LA FLORIDE, INC.

Current Principal Place of Business:

12150 NW 5TH AVE.
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

12150 NW 5TH AVE.
MIAMI, FL 33168

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BAPTISTE, WOILPHRIDE
12150 NW 5TH AVE.
MIAMI, FL 33168

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAPTISTE, WOILPHRIDE
Address: 12150 NW 5TH AVE.
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: DELVA, JANEL
Address: 4906 TAFT ST.
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: GASSANT, SERGE
Address: 714 NW 44TH TERR.
City-St-Zip: DEERFIELD, FL 33442

Title: D () Delete
Name: ERASE, TOUSSAINT
Address: 735 NW 112TH ST.
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: CHARLES, SONIA
Address: 3195 FOXCROFT RD.
City-St-Zip: MIRAMAR, FL 33025

Title: D () Delete
Name: DELORME, OLENE
Address: 4620 SW 152ND TERR.
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOILPHRIDE BAPTISTE

D

04/29/2003

Electronic Signature of Signing Officer or Director

Date