03 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 19 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000001120

1. Entity Name: M.B. INTERNATIONAL REFUGEE CENTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
750 S. Orange Blossom Trail	
Suite, Apt. #, etc.: 262	Suite, Apt. #, etc.
City & State: Orlando - FLORIDA	City & State
Zip: 32811 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Shirley Chisholm-St.Felix

Street Address (P.O. Box Number is Not Acceptable): 4930 Anzio St

City: Orlando - FLORIDA Zip Code: 32819

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: Shirley Chisholm - St. Felix
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	Founder / President	TITLE	
NAME	Merilan Berthonier	NAME	
STREET ADDRESS	2912 Willie Mays Pkwy	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FLORIDA, 32811	CITY-ST-ZIP	
TITLE	(Director) - S	TITLE	
NAME	Janvier Vertilas	NAME	100019320771
STREET ADDRESS	5046 Aventura Blvd D	STREET ADDRESS	05/19/03--01067--005 **74.75
CITY-ST-ZIP	Orlando, FLORIDA 32839	CITY-ST-ZIP	
TITLE	(Director) - Membership	TITLE	
NAME	Ernso Pierre Louis	NAME	
STREET ADDRESS	7009 Willowood St D	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	Orlando, Florida 32819	CITY-ST-ZIP	
TITLE	(Director)	TITLE	**IN THIS SPACE**
NAME	Shirley Chisholm-St.Felix	NAME	
STREET ADDRESS	4930 Anzio St. D	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FLORIDA 32819	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

X Berthonier Merilan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/23