

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90478 043 \*\*\*\*66.25

**DOCUMENT # N02000008257**

1. Entity Name

**OGANIZASION POU DEVLOPE REMON, INC.**



Principal Place of Business

**900 SW 30TH AVE  
FT LAUDERDALE FL 33312-2653**

Mailing Address

**900 SW 30TH AVE  
FT LAUDERDALE FL 33312-2653**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1159631**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DEOFILS, CELIZIER  
900 SW 30TH AVE  
FT LAUDERDALE FL 33312-2653**

7. Name and Address of New Registered Agent

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>D SYRIAQUE, CINE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>75 POST AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WESTBURY NY 11590</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete	<b>D JEAN-LOUIS, FADINIER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>2991 SW 3TH ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete	<b>TD DEOFILS, CELIZIER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>900 SW 30TH AVE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312-2653</b>	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 of Deofils, Celizier**

**01/07/03**

**(954) 581-8711  
(954) 561-1652**

CR2E037 (10/02)