

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21785

1. Entity Name

ST. LUCIA ASSOCIATION OF SOUTH FLORIDA, INC.

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90001 049 ****61.25

0095450

Principal Place of Business

Mailing Address

C/O 18715 NW 10TH COURT
MIAMI FL 33055
US

C/O 18715 NW 10TH COURT
MIAMI FL 33055
US

2. Principal Place of Business

3. Mailing Address

12289 PEMBROKE RD.

12289 PEMBROKE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 40.

SUITE 40

City & State

City & State

PEMBROKE PINES FL

PEMBROKE PINES FL

Zip

Country

Zip

Country

33025

BROWARD

33025

BROWARD



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2838825

Applied For

Not Applicable

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

HINKSON-RAGOONAN, JOAN
18715 NW 10TH COURT
MIAMI FL 33169

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.

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.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOUIS, DANIEL 2919 N MILITARY TRAIL WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HINKSON-RAGOONAN, JOAN 18715 NW 10TH COURT MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELICE, JENITHA 250 W SAMPLE ROAD, APT. A110 POMPANO BEACH FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEPHEN, CANICE 7531 GRANDVIEW BLVD MIRIMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JALIM-TORRENCE, CLARA 4741 NW 173 DRIVE MIAMI FL 33055	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR GUSTAVE, MARGARET 201 NE 30 CT POMPANO BEACH FL 33064	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUFINA LEWIS 2800 NW 175th ST. MIAMI, FL 33056	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOAN H. RAGOONAN 18715 NW 10th Ct. MIAMI, FL 33169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED STEPHEN

3/24/02

954 894 5858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)