

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90062 047 \*\*\*\*61.25

**DOCUMENT # N43733**

1. Entity Name

**THE RALLIEMENT OF JEAN-RABELIANS AND THEIR FRIENDS, INC.**

Principal Place of Business

Mailing Address

**375 N.W. 188 STREET  
 MIAMI FL 33169**

**375 N.W. 188 STREET  
 MIAMI FL 33169**

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

**65-0938640**

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

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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. ☐

**\$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 **P** ☐ Delete  
 NAME **RICHARDSON, RAMONDE**  
 STREET ADDRESS **1900 SW 44TH AVE., #1**  
 CITY-ST-ZIP **PLANTATION FL 33317**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V** ☐ Delete  
 NAME **DUCLOS, ELIFRANCE**  
 STREET ADDRESS **16810 NE 6TH CT**  
 CITY-ST-ZIP **NMB FL 33162**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **LOUIS, ANGELIQUE S**  
 STREET ADDRESS **3611 SW 39TH AVE**  
 CITY-ST-ZIP **HALLANDALE FL 33023**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SM** ☐ Delete  
 NAME **MARCELUS, HENRI L**  
 STREET ADDRESS **375 NW 188TH ST**  
 CITY-ST-ZIP **MIAMI FL 33169**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **RICHARDSON, MARIE J**  
 STREET ADDRESS **1781 NE 158 STREET**  
 CITY-ST-ZIP **NMB FL 33162**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **ARMAS, DAVID**  
 STREET ADDRESS **1051 NE 204 LANE**  
 CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

**HENRI L. MARCELUS 4/13/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)