

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000125

1. Entity Name

INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, I

FILED

Sep 07, 2000 8:00 am  
Secretary of State

09-07-2000 90007 001 \*\*\*\*\*8.75

09-07-2000 90007 002 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

2300 PALMM BEACH BLVD  
STE 103  
WEST PALM BEACH FL 33409  
US

2300 PALM BEACH BLVD  
STE 103  
WEST PALM BEACH FL 33409  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0458135

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ABELLARD, YANICK M  
9334 HEATHRIDGE DR  
WEST PALM BEACH FL 33411

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCEO  
ABELLARD, YANICK M  
9334 HEATHRIDGE DR  
WEST PALM BEACH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
FREDA B. LAURENT, MSN, MPA  
61 SPAROW DR  
ROYAL PALM BEACH, FL 33411 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
BREA, FRANTZ  
44 CLARK ST  
PORT JEFFERSON STATION NY ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CLAUDETTE JEAN-LOUIS  
5986 COCONUT RD  
WEST PALM BEACH, FL 33413 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LEGERME, GEORGE  
19610 NE 19TH AVE  
MIAMI FL 33179 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
ERNADE FORTUNE, MS  
1501 15th WAY  
WEST PALM BEACH, FL 33407 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
ADHEMAR, JOCELYN MDIV  
4058 FLORAL AVE  
BOYNTON BEACH FL 33436 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
GUIMA NOEL-JEUNE, MS  
4966 PAULINE CT  
WEST PALM BEACH, FL 33415 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LAGUERRE, BEAU MD  
900 E OCEAN BLVD 334  
STUART FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
NESI, MARC H MD  
200 E NORTHWOOD ST, #206  
GREENSBORO NC ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
  
  
  
  
☐ Change ☐ 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 11 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Yanick M. Abellard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFICANT OFFICER OR DIRECTOR

8-28-00 (361) 688-1890

Date

Daytime Phone #

CR2E037 (9/99)