

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 08, 2001 8:00 am
Secretary of State

06-08-2001 90007 014 ****61.25

DOCUMENT # N94000000125

1. Entity Name

INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, I

Principal Place of Business

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

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

65-0458135

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

**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

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
JEAN-LOUIS, CLAUDETTE
5986 COCONUT RD
WEST PALM BEACH FL 33413** ☐ Delete

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
NOEL-JEUNE, GUIMA
4966 PAULINE CT
WEST PALM BEACH FL 33415** ☒ Delete

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
**T
FORTUNE, ERNANDE
1501 15TH WAY
WEST PALM BEACH FL 33407** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
COLETTE K. DAVILMAR
4595 Cherry Rd
West Palm Beach, FL 33417** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
GLADYS PAUL
1831 Oak Berry Circle
West Palm Beach, FL 33414** ☐ Change ☐ Addition

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

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

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

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Yanick M. Abellard

c/4/01 (561) 688-1890

CR2E037 (10/00)