

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90076 002 *****61.25

DOCUMENT # N94000000125

1. Entity Name

**INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, I
 NC.**

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

TITLE ☐ Change ☐ Addition
 NAME **T
 JEAN_ULRICK MOISE**
 STREET ADDRESS **5710N. Haverhill Rd**
 CITY-ST-ZIP **West Palm Beach, FL 33407**

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

TITLE ☐ Change ☐ Addition
 NAME **T
 Marie Hyppolite**
 STREET ADDRESS **1626 David Rd**
 CITY-ST-ZIP **West Palm Beach, FL 33406**

TITLE ☐ Delete
 NAME **T
 DAVILMAR, COLETTE K**
 STREET ADDRESS **4595 CHERRY RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition
 NAME **T
 MARCELLE NARCISSE**
 STREET ADDRESS **16851 NE 4th Ave**
 CITY-ST-ZIP **N. Miami, FL 33162**

TITLE ☐ Delete
 NAME **T
 PAUL, GLADYS**
 STREET ADDRESS **1831 OAK BERRY CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE ☐ Change ☐ Addition
 NAME **T
 FRANTZ BREA**
 STREET ADDRESS **5327 N State Road 7**
 CITY-ST-ZIP **Tamarac, FL 33319**

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

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

TITLE ☒ Delete
 NAME **T
 FORTUNE, ERNANDE**
 STREET ADDRESS **1501 15TH WAY**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

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:

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

2-5-02

Date

Daytime Phone #

CR2E037 (9/01)