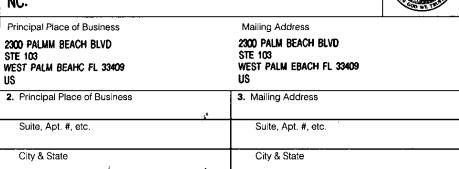
2003 NOT-FOR-PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **N9400000125**

## 1. Entity Name INTER-CULTURAL FAMILY HEALTH EDUCATION CENTER, I



Dorval, Mardoche

2401 SW 28th St.

Miami, Fl 33133

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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## FILED Aug 21, 2003 8:00 am Secretary of State

08-21-2003 90168 001 \*\*\*\*\*8.75 08-21-2003 90168 002 \*\*\*\*61.25

WEST PALM BEAHC FL 33409 US 2. Principal Place of Business		WEST PALM EBACH FL 33409 US 3. Mailing Address		I ARBINIAN BIR IRRIN BIRIN BARN BARN BARN BANK BONY BONY BARN HARA WARI BINI MARK		
				ERGISIDI DIO 1811) ESDIS BONS BONS BONS BESIN DENI DONI LIDIO 11801 BISI 1801	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	CHECK HERE IF MAKING CHANGES	
City & Stat	te ,	City & State	· · ·	4. FEI Number 65-0458135 Applied For Not Applicab	ole	
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	コ	
			Name	مغلب مغير حشرة بصدائد الدائد المعاليات المعالي	_].	
ABELLAR	D, YANICK M	· · · · · · · · · · · · · · · · · · ·	Street Ac	ddress (P.O. Box Number is Not Acceptable)	$\dashv$	
9334 HEATHRIDGE DR			Street Ac	duless (1.0. box radificer is radi Acceptable)		
WEST PA	ALM EBACH FL 33411 💎 👌			,		
		•	City	<b>▶</b> Zip Code	$\dashv$	
				FL Zip Code	]	
	Signature, typed or printed name of registered agent of the second secon	9. Election Camp	paign Financing	\$5.00 May Be Added to Fees    Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PCEO	🖾 Delete	TITLE	T Charge Addition	n	
NAME	ABELLARD, YANICK M		NAME	Charles 25 Than yenge, JD	- 1	
STREET ADDRESS	9334 HEATHRIDGE DR		STREET ADDRESS	Boynton Beach, F1 33435	- (	
CITY-ST-ZIP	WEST PALM EBACH FL		CITY-ST-ZIP			
TITLE	Т	Delete	TITLE	Marcelle Narcisse ☐ Change 🛨 Additio	ın	
NAME	JEAN-LOUIS, CLAUDETTE		NAME	16851 NE 4th Ave	ļ	
STREET ADDRESS	5986 COCONUT RD		STREET ADDRESS	N. Miami Beach, F1 33162	J	
City-St-zip	WEST PALM BEACH FL 33413		CITY-ST-ZIP	N. HIAMI Deachy II 5515-	_	
TITLE	[τ	☐ Delete	THTLE	r	<i>i</i> n	
NAME	DAVILMAR, COLETTE K	,		Davilmar, Colette K	- 1	
STREET ADDRESS	4595 CHERRY RD			165 Cypress Trace		
CITY-ST-ZIP	WEST PALM BEACH FL 33417		CITY-ST-ZIP	Royal Palm Beach, F1 33411	4	
TITLE	[T	☐ Delete		T Change ☐ Additio	ın	
NAME	PAUL, GLADYS		NAME	Paul, Gladys	- }	
STREET ADDRESS	1831 OAK BERRY CIRCLE		STREET ADDRESS	14 Mohawk Dr.	1	
CITY-ST-ZIP	WEST PALM BEACH FL 33414			Royal Palm Beach, F1 33411	$\dashv$	
TITLE	lT .	☐ Delete	TITLE	Change X Addition	ın I	

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:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

WEST PALM BEACH FL 33407

West Palm Beach FL 33406

ULRICK MOISE, JEAN

5710 N HAVERHILL RD

HYPPOLITE, MARIE

1626 DAVID ROAD

SIGNATURE REQUIRED

☐ Change

☐ Addition