

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90121 019 ****61.25

DOCUMENT # N95000003401

1. Entity Name

THE CENTER FOR MULTICULTURAL WELLNESS AND PREVENTION, INC.

Principal Place of Business

Mailing Address

536 N WESTMORELAND
 STE 4
 ORLANDO FL 32805

~~2053 EASTBROOK BOULEVARD~~
~~WINTER PARK FL 32792~~



2. Principal Place of Business

3. Mailing Address

~~536 N. Westmoreland~~

2546 Fletch Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste #4

Lake Mary

City & State

Lake Mary Florida

ORLANDO FL

4. FEI Number

59-3368679

Applied For

Not Applicable

Zip

Country

32805 U.S.-A

Zip

Country

32746 USA

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

FRANCOIS, MARIE J
 2053 EASTBROOK BV
~~WINTER PARK FL 32792~~

Name **MARIE-JOSE FRANCOIS**

Street Address (P.O. Box Number is Not Acceptable)

2546 Fletch Ct.

City **LAKE MARY**

FL

Zip Code **32746**

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

[Handwritten Signature]

4/26/02

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	D	<input type="checkbox"/> Delete
NAME	BROWN, VIRGINIA	
STREET ADDRESS	6827 MAGNOLIA POINTE CR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, ALTHEA V	
STREET ADDRESS	5656 GRAND CANYON DR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINT, KAREN	
STREET ADDRESS	1792 BALSWOOD CT	
CITY-ST-ZIP	ORLANDO FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGNOLE, MYRLEINE P	
STREET ADDRESS	2105 HOWELL BRANCH RD 33	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAMIREZ, GABRIELA	
STREET ADDRESS	12613 LYSERFIELD CT	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLEN, LUCKNER	
STREET ADDRESS	313 SEASON CT	
CITY-ST-ZIP	APOPKA FL 32712	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCE CLAUDE	
STREET ADDRESS	5337 Old OAK DR.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGNOLE MYRLEINE	
STREET ADDRESS	496 BANYON TREE Circle # 204	
CITY-ST-ZIP	Maitland FL 32751	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE-JOSE FRANCOIS
 Executive Director

4/26/02

Date Daytime Phone #

CR2E037 (9/01)