

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006086

1. Entity Name

TECHNI - PRO INSTITUTE INC.

Principal Place of Business

~~303 WEST ATLANTIC~~
~~DELRAY BEACH FL 33444~~
~~US~~

Mailing Address

~~303 WEST ATLANTIC~~
~~DELRAY BEACH FL 33444~~
~~US~~

2. Principal Place of Business

3633 S. Federal Highway
Suite, Apt. #, etc.

3. Mailing Address

3633 S. Federal Highway
Suite, Apt. #, etc.

City & State

Boynton Beach

City & State

Boynton Beach

Zip

33435

Country

Palm Beach

Zip

33435

Country

Palm Beach

6. Name and Address of Current Registered Agent

HYPPOLITE, GILBERT

1000 VIALUGANO CIRCLE # 307 3633 S. Federal Highway
BOYNTON BEACH FL 33436-33435

4. FEI Number

65-0728391

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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 N/A

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 D
NAME JEUNE, MAX
STREET ADDRESS 1502 BARTON ROAD
CITY-ST-ZIP LAKE WORTH FL 33460 ☐ Delete

TITLE D
NAME LOUIS-JEUNE, SERGE
STREET ADDRESS 1218 S DIXIE HWY
CITY-ST-ZIP LAKE WORTH FL ☐ Delete

TITLE D
NAME ASTREE, GUY
STREET ADDRESS 4009 HEATH CIR SO.
CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete

TITLE D
NAME EUGENIE, JOSEPH
STREET ADDRESS 3500 N CONGRESS
CITY-ST-ZIP WEST PALM FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Eugenie Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 (561) 424-0055
Date Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90222 006 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)