

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006086

1. Entity Name

TECHN - PRO INSTITUTE INC.

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 91217 043 ****61.25

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

3639 S. Federal Highway
Suite, Apt. #, etc.

3. Mailing Address

3639 S. Federal Highway
Suite, Apt. #, etc.

City & State

Boynton Beach

City & State

Boynton Beach

4. FEI Number

65-0728391

Applied For

Not Applicable

Zip

33435

Country

Palm Beach

Zip

33435

Country

Palm Beach

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYPPOLITE, GILBERT

1000 VIALUANO CIRCLE # 307 3639 S. Federal Highway
BOYNTON BEACH FL 33436-33435

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

April 17, 2002

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	JEUNE, MAX	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		1502 BARTON ROAD	
CITY-ST-ZIP		LAKE WORTH FL 33460	
TITLE	D	LOUIS-JEUNE, SERGE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		1218 S DIXIE HWY	
CITY-ST-ZIP		LAKE WORTH FL	
TITLE	D	ASTREE, GUY	<input checked="" type="checkbox"/> Delete
NAME			
STREET ADDRESS		4009 HEATH CIR SO.	
CITY-ST-ZIP		WEST PALM BEACH FL	
TITLE	D	EUGENIE, JOSEPH	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		3500 N CONGRESS	
CITY-ST-ZIP		WEST PALM FL 33406	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		POOLE, JULENE KING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		3009 So. Terr. Dr.	
CITY-ST-ZIP		West Palm Bch, FL 33407	
TITLE	D	JUDITH M. MAIGNAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			
STREET ADDRESS		4275 Wood Ridge # E	
CITY-ST-ZIP		Boynton Bch, FL 33436	
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			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

2. 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 it is an attachment with an address, with all other like empowered.

SIGNATURE

HYPPOLITE GILBERT 4/17/02

(561) 374-7437

CR2E037 (10/00)