

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002882

1. Entity Name
THE BERNARD MEVS CHARITABLE FOUNDATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90204 018 ****61.25

Principal Place of Business Mailing Address
19 WEST FLAGLER STREET, 14TH FLOOR **19 WEST FLAGLER STREET, 14TH FLOOR**
MIAMI FL 33130 **MIAMI FL 33130-4400**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0758480		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RICHMAN, JERMON S 19 WEST FLAGLER STREET, 14TH FLOOR MIAMI FL 33130				Name Jermone S. Richman			
				Street Address (P.O. Box Number is Not Acceptable) same Address			
				City & State City & State			
				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: DATE: **1/07/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARGUERITE, MARIE DR. SHODECOSA PAR RTE, NATIONAL #1 PORT AU PRINCE, HAITI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEVS, GREGORY HASCO, RTE, NATIONAL #1 P.O. BOX 1310 PORT AU PRINCE, HAITI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEVS, FRITZ HASCO, RET, NATIONAL #1 P.O. BOX 1310 PORT AU PRINCE, HAITI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEVS, HUGETTE SHODECOSA PARC RTE, NATIONAL #1 PORT AU PRINCE, HAITI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEVS, MICHELE COMMERCIALES SUCRIERE RTE. VARREAUX PORT AU PRINCE, HAITI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONTEMPS, SIMPHAR DR. 13 RUE BERNE PORT AU PRINCE, HAITI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 employment.

SIGNATURE: DATE: **1/07/00** 305-371-1522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FOR FILING Date Daytime Phone #

CR2E037 (9/99)