

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90197 041 ****61.25

DOCUMENT # N97000002882

1. Entity Name

THE BERNARD MEVS CHARITABLE FOUNDATION, INC.

Principal Place of Business

19 WEST FLAGLER STREET, 14TH FLOOR
 MIAMI FL 33130

Mailing Address

19 WEST FLAGLER STREET, 14TH FLOOR
 MIAMI FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0758480

Applied For

Not Applicable

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

RICHMAN, JERMONE S
19 WEST FLAGLER STREET, 14TH FLOOR
MIAMI FL 33130

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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** ☐ Delete
 NAME **MARGUERITE, MARIE DR.**
 STREET ADDRESS **SHODECOSA PAR RTE, NATIONAL #1**
 CITY-ST-ZIP **PORT AU PRINCE, HAITI**

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

TITLE **D** ☐ Delete
 NAME **MEVS, GREGORY**
 STREET ADDRESS **HASCO, RTE, NATIONAL #1 P.O. BOX 1310**
 CITY-ST-ZIP **PORT AU PRINCE, HAITI**

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

TITLE **D** ☐ Delete
 NAME **MEVS, FRITZ**
 STREET ADDRESS **HASCO, RET, NATIONAL #1 P.O. BOX 1310**
 CITY-ST-ZIP **PORT AU PRINCE, HAITIA**

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

TITLE **D** ☐ Delete
 NAME **MEVS, HUGETTE**
 STREET ADDRESS **SHODECOSA PARC RTE, NATIONAL #1**
 CITY-ST-ZIP **PORT AU PRINCE, HAITI**

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

TITLE **D** ☐ Delete
 NAME **MEVS, MICHELE**
 STREET ADDRESS **COMMERCIALES SUCRIERE RTE. VARREAUX**
 CITY-ST-ZIP **PORT AU PRINCE, HAITI**

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

TITLE **D** ☐ Delete
 NAME **BONTEMPS, SIMPHAR DR.**
 STREET ADDRESS **13 RUE BERNE**
 CITY-ST-ZIP **PORT AU PRINCE, HAITI**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

4/3/02 305-37115W

CR2E037 (4/02)