

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002860

FILED
May 04, 2009
Secretary of State

Entity Name: UNION OF THE PATRIOTS FOR THE DEVELOPMENT OF BOMBARDOPOLIS, INC.

Current Principal Place of Business:

2873 SW 4TH COURT
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

P O BOX 190148
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 65-0838449 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAPRICIEN, MANISTIN
820 NE 32 CT
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPRICIEN, MANISTIN
Address: 820 NE 32 CT
City-St-Zip: POMPANO BEACH, FL 330611

Title: SD () Delete
Name: SIMEION, NESTOR
Address: 2873 SW 4TH CT
City-St-Zip: FT LAUDERDALE, FL 33312

Title: D () Delete
Name: GERVILUS, PETIT
Address: 2789 DORSON WAY
City-St-Zip: DELRAY BEACH, FL 33445

Title: TD () Delete
Name: JEAN- BAPTISTE, CIVIL
Address: 1700 NW 2TH AVE
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: BEAUVAIS, MERANDIEU
Address: 360 NW 19TH COURT
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SAINTELUS, MAXO
Address: 11471 NW 30TH PL
City-St-Zip: SUNRISE, FL 33323

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANISTIN CAPRICIEN

PD

05/04/2009

Electronic Signature of Signing Officer or Director

Date