

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90230 023 \*\*\*\*61.25

**DOCUMENT # N99000001177**

1. Entity Name  
**LE CLUB DES PARENTS DE L'ECOLE FRANCO-AMERICAINE  
DE MIAMI, INC.**



Principal Place of Business

**9025 SUNSET DRIVE  
MIAMI FL 33173**

Mailing Address

**9025 SUNSET DRIVE  
MIAMI FL 33173**

2. Principal Place of Business

**6565 Red Road**

3. Mailing Address

**6565 Red Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Coral Gables FL**

City & State

**Coral Gables FL**

Zip

**33143**

Country

**USA**

Zip

**33143**

Country

**USA**

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**\*CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

**MESA, MANUEL ARTHUR ESQ  
1000 BRICKELL AVENUE, SUITE 660  
MIAMI FL 33131**

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. 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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHAYEGAN, HELEN</b>	
STREET ADDRESS	<b>13851 SW 67TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>OD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHARRIAU, ISABELLE</b>	
STREET ADDRESS	<b>10645 SW 73RD COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>OD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SETTLER, CISSY</b>	
STREET ADDRESS	<b>7229 SW 54TH AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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**

**2.10.03**

**205602270**

Date

Debit #

CR2E037 (10/02)