

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001883

1. Entity Name

FONDATION POUR L'ENFANCE OF AMERICA, INC.

FILED
Apr 14, 2000 8:00 am
Secretary of State

04-14-2000 90104 012 ****61.25

Principal Place of Business

Mailing Address

11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408-3042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0916530

Applied For

Not Applicable

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

FHS CORPORATE SERVICES, INC.
11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FLEMING, JOSEPH M	
STREET ADDRESS	450 ROYAL PALM WAY SIXTH FLOOR	
CITY-ST-ZIP	PALM BEACH FL 33408	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRANDPIERRE, GEORGIANA	
STREET ADDRESS	33 RUE NICOL	
CITY-ST-ZIP	75017 PARIS. FRANCE	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLEMING, JOSEPH M	
STREET ADDRESS	450 ROYAL PALM WAY SIXTH FLOOR	
CITY-ST-ZIP	PALM BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PRINCIPE, GERALD L	
STREET ADDRESS	11780 U.S. HIGHWAY ONE SUITE 300	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE: Derald L. Principe Derald L. Principe, Secretary

4-7-00 (561) 627-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)