

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

0036115

DOCUMENT # N99000001883

1. Entity Name
FONDATION POUR L'ENFANCE OF AMERICA, INC.



FILED

03 MAR -6 AM 8: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
11780 U.S. HIGHWAY ONE
SUITE 300
NORTH PALM BEACH FL 33408

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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

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 _____ (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	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	PRINCE, 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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph M. Fleming	
STREET ADDRESS	4100 RCA Boulevard	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	400013627774	
CITY-ST-ZIP	03/06/03--01050--004--**61.25	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph M. Fleming	
STREET ADDRESS	4100 RCA Boulevard	
CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* REQUIRED

2.21.03

CR2E037 (10/02)