

2000 UNIFORM BUSINESS REPORT (UBR)

4/24/00

DOCUMENT # N99000002311

1. Entity Name

ORGANIZATION DEVELOPMENT LA TORTUE, INC.

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

04-22-2000 90098 048 ****70.00

Principal Place of Business

2393 FLORIDA MOINGO ROAD
WEST PALM BEACH FL 33406

Mailing Address

2393 FLORIDA MOINGO ROAD
WEST PALM BEACH FL 33406

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

65-09128830

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NONORME, LUC
1431 N.E. 118 TERRACE
MIAMI FL 33181

7. Name and Address of New Registered Agent

Name ROSE CLERISIER (Secretary)

Street Address (P.O. Box Number is Not Acceptable)
1716 Boardman Avenue

City West Palm Beach FL 33407

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 ROSE CLERISIER

Rose Clerisier

3/18/00

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

(NOTE: Registered agent signature required when reappointing)

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

TITLE **D** PRESIDENT: ROCHERELLE PIERRE
NAME
STREET ADDRESS 2393 FLORIDA MOINGO RD
CITY-ST-ZIP WEST PALM BCH, FL 33406

TITLE **D** SECRETARY: ROSE CLERISIER
NAME
STREET ADDRESS 1716 BOARDMAN AVE WPB
CITY-ST-ZIP

TITLE **D** VICE PRESIDENT: NONORME LUC
NAME
STREET ADDRESS 1431 N.E. 118 TERRACE
CITY-ST-ZIP MIAMI, FL 33181

TITLE TREASURER: ABEL PIERRE CAMIN
NAME
STREET ADDRESS 1132 N.W. 118th
CITY-ST-ZIP MIAMI, FL 33168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/00

Date

(561) 641-1287

Daytime Phone #

CR2037 (9/99)