

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002311

1. Entity Name

ORGANIZATION DEVELOPMENT LA TORTUE, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90349 006 *****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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0912830

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLEPISIER, ROSE
1716 BOARDMAN AVE
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

CLEPISIER ROSE
Street Address (P.O. Box Number is Not Acceptable)

1716 Boardman Ave.

City

West Palm Beach FL

Zip Code

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
PIERRE, ROCHENEL
2393 FLORIDA MANGO RD
WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
CLERISHER, ROSE
1716 BOARDMAN AVE
WEST PALM BEACH FL 33406 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
NONORME, LUC
1431 NE 118 TERRACE
MIAMI FL 33181 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
T
PIERRE, CAWAY
1132 NW 118 ST
MIAMI FL 33168 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)