

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 DEC 20 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004116

1. Corporation Name

United Brothers International of Palm Beach, Inc.

Principal Place of Business

Mailing Address

4966 Caribbean Blvd.
West Palm Beach, FL 33407

08/17/99 90009 008 61.2
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10-6-78

2. Principal Place of Business
21 4966 Caribbean Blvd

2a. Mailing Address
Same

4. FEI Number
65-0964807

Applied For
Not Applicable

Suite, Apt. #, etc.
22 West Palm Beach, FL

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State
23 33407

City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip
24 33407

Country
25 Palm Beach

Zip
29

Country
30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

GASTON ST LOUIS
4966 Caribbean Blvd
W. Palm Beach FL 33407

10. Name and Address of New Registered Agent

81 Name GASTON ST LOUIS
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE X GASTON ST LOUIS (PRESIDENT) GASTON ST LOUIS 09-25-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE GASTON ST LOUIS DELETE
NAME PRESIDENT
STREET ADDRESS P.O. BOX 8121
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE ~~SECRETARY~~ CLERK DELETE
NAME Desrameaux Alteme
STREET ADDRESS 4966 Caribbean Blvd
CITY-ST-ZIP West Palm Beach, FL 33407

TITLE SECRETARY DELETE
NAME PAUL NOEL
STREET ADDRESS 403 SILVER BEACH RD #2
CITY-ST-ZIP LAKE PARK, FL 33403

TITLE ~~CONSEJER~~ DELETE
NAME MARIE DENISE JEAN
STREET ADDRESS 279 ENFIELD CT.
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE ~~CHAIRMAN~~ DELETE
NAME CHARLEMANE METAYER
STREET ADDRESS 1500 N. CONGRESS AVE. APT. B40
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE GASTON ST LOUIS Change Addition
1.2 NAME
1.3 STREET ADDRESS 1118 Green Pine Blvd # E1 (L.
1.4 CITY-ST-ZIP West Palm Beach - FL 33407

2.1 TITLE Change Addition
2.2 NAME Marie Denise Jean (L.
2.3 STREET ADDRESS 279 ENFIELD CT. W.P.B. FL 33415
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME Desrameaux Alteme
3.3 STREET ADDRESS 4966 Caribbean Blvd
3.4 CITY-ST-ZIP W.P.B. FL 33407 (L.

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GASTON ST LOUIS 09/25/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #