

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90095 004 ****70.00

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1. Entity Name

UNITED BROTHERS INTERNATIONAL OF PALM BEACH, INC

Principal Place of Business

Mailing Address

**4966 CARIBBEAN BLVD.
 WEST PALM BEACH FL 33407**

**4966 CARIBBEAN BLVD.
 WEST PALM BEACH FL 33407**

00004007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0864807

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**ST. LOUIS, GASTON
 4966 CARIBBEAN BLVD.
 WEST PALM BEACH FL 33407**

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 **P** Delete
 NAME **ST. LOUIS, GASTON**
 STREET ADDRESS **PO BOX 8121**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **GASTON ST LOUIS (P)** Change Addition
 NAME
 STREET ADDRESS **1118 GREEN POINE BLVD #E1**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE **S** Delete
 NAME **NOEL, PAUL**
 STREET ADDRESS **403 SILVER BEACH RD. #2**
 CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TC** Delete
 NAME **ALTEME, DESRAMEAUX**
 STREET ADDRESS **4966 CARIBBEAN BLVD.**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **ST. LOUIS, GASTON**
 STREET ADDRESS **1118 GREEN POINE BLVD #E1**
 CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **JEAN, MARIE D**
 STREET ADDRESS **279 ENFIELD CT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33145**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 1:19.07(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: **GASTON ST LOUIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00004007 (0/00)