

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004116

1. Entity Name

UNITED BROTHERS INTERNATIONAL OF PALM BEACH, INC

Principal Place of Business

4966 CARIBBEAN BLVD.  
WEST PALM BEACH FL 33407

Mailing Address

4966 CARIBBEAN BLVD.  
WEST PALM BEACH FL 33407

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

65-0864807

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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.

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME GASTON ST LOUIS (P)  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 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: GASTON ST LOUIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

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

00004007



DO NOT WRITE IN THIS SPACE