

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90096 048 \*\*\*\*70.00

**DOCUMENT # N99000005656**

1. Entity Name

**CENTERS FOR COMMUNITY WELLNESS & SOCIAL PROMOTIO**

Principal Place of Business

Mailing Address

1715 BUCHANAN STREET  
 HOLLYWOOD FL 33020

1715 BUCHANAN STREET  
 HOLLYWOOD FL 33020-4029

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

65-0949963

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

Name **Gilbert Saint-Jean**

Street Address (P.O. Box Number is Not Acceptable)  
**4900 NW 22 Street**

**Lauderhill**

City

**FL**

Zip Code

**33313**

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

*Gilbert Saint-Jean*

4-24-00

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	PD	<input type="checkbox"/> Delete
NAME	SAINT-JEAN, GILBERT	
STREET ADDRESS	1715 BUCHANAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JACQUES, SOREL	
STREET ADDRESS	1715 BUCHANAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLOCK, LORRAINE	
STREET ADDRESS	1715 BUCHANAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BENONY, EMMANUEL D	
STREET ADDRESS	1715 BUCHANAN STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Gilbert Saint-Jean*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

CR2E037 (9/99)