

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90127 020 ***158.75

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1. Entity Name
PALM BEACH FRENCH EDUCATION & ENRICHMENT SERVICES, INC.



Principal Place of Business
**145 YACHT CLUB WAY #207
HYPOLUXO FL 33462**

Mailing Address
**145 YACHT CLUB WAY #207
HYPOLUXO FL 33462**

new address

new address



2. Principal Place of Business
401 LAKE SHORE DR

3. Mailing Address
401 LAKE SHORE DR

Suite, Apt. #, etc.
#103

Suite, Apt. #, etc.
#103

City & State
LAKE PARK, FL

City & State
LAKE PARK FL

Zip
33403

Country
USA

Zip
33403

Country
USA

4. FEI Number
01-04001657

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of Registered Agent

**IMPERATO, LOUIS J JR
145-YACHT CLUB WAY #207
HYPOLUXO FL 33462**

Change of Address only

Name
Street Address (P.O. Box Number is Not Acceptable)
**401 LAKE SHORE DR. #103
LAKE PARK FL
City FL Zip Code 33403**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **IMPERATO, LOUIS J JR**
STREET ADDRESS **145 YACHT CLUB WAY #207**
CITY-ST-ZIP **HYPOLUXO FL 33462**

☒ Change ☐ Addition
Please change address for our director at #10 see address at #11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ 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 607, 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 Required*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-4-2003** Daytime Phone # **561-632-6382**

CR2E034 (10/02)