

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000382

Entity Name: ORGANIZATION FOR THE DEVELOPMENT OF PORT-MARGOT, INC**FILED**
Mar 04, 2018
Secretary of State
CC4560149211**Current Principal Place of Business:**430 NW 148 STREET
MIAMI, FL 33168**Current Mailing Address:**P.O BOX 613535
NORTH MIAMI, FL 33261 US**FEI Number: 20-8270976****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DECEUS, JOSEPH
430 NW 148 STREET
MIAMI, FL 33168 US*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: JOSEPH DECEUS****03/04/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name DECEUS, JOSEPH
Address 430 NW 148TH STREET
City-State-Zip: MIAMI FL 33168**Title** DIRECTOR
Name AUGUSTIN, BAINET
Address 78 TARA LAKES DR
City-State-Zip: WEST BOYTON BEACH FL 33436**Title** SECRETARY
Name ALFREUS, FRANCOIS
Address 12315 NW 19TH AVE
City-State-Zip: MIAMI FL 33167**Title** TREASURER
Name MARDIUS, JOCELYN P
Address 1540 NW 119TH STREET
APT 106
City-State-Zip: MIAMI FL 33167**Title** DIRECTOR
Name VICTOR, JEAN-CLAUDE
Address 1345 NW 8TH AVE
APT B
City-State-Zip: FORT-LAUDERDALE FL 33311**Title** DIRECTOR
Name LAMOUR, ANDRE
Address 1121 NE 16TH STREET
City-State-Zip: FORT-LAUDERDALE FL 33304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH DECEUS**PRESIDENT****03/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date