

2019 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N16000003842

FILED
Sep 26, 2019
Secretary of State
7579182112CR

Entity Name: ASSOCIATION FOR THE DEVELOPMENT OF L'AZILE NIPPES
INC

Current Principal Place of Business:

17090 NORTH MIAMI AVENUE
NORTH MIAMI BEACH, FL 33169

Current Mailing Address:

17090 NORTH MIAMI AVENUE
NORTH MIAMI BEACH , FL 33169 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ST-FLEUROSE, LEKEL DR.
17090 NORTH MIAMI AVENUE
NORTH MIAMI BEACH, FL 33169 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: LEKEL ST-FLEUROSE

09/26/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR
Name ST-FLEUROSE, LEKEL DR.
Address 17090 NORTH MIAMI AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33169

Title ASSISTANT DIR
Name CARPENTIER, IMMACULA ASS DIR
Address 17335 NW 7 AVENUE UNIT 101
City-State-Zip: MIAMI GARDENS FL 33069

Title TRES
Name DELVA, JANEL TREASURER
Address 4906 TAFT ST
City-State-Zip: HOLLYWOOD FL 33021

Title SECRETARY
Name DESIR, SHIRLY SECRETARY
Address 4721 THOMAS STREET
City-State-Zip: HOLLYWOOD FL 33021

Title COUNSELOR
Name MORISSEAU, YVANS COUNSELOR
Address 17090 NORTH MIAMI AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33169

Title COUNSELOR
Name GASSANT, SERGE COUNSELOR
Address 17090 NORTH MIAMI AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33169

Title COUNSELOR
Name THERMEUS, PROPHETE
COUNSELOR
Address 17090 NORTH MIAMI AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33169

Title DELEGATE
Name THOMAS, JIMMY DELEGATE
Address 17090 NORTH MIAMI AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33169

Continues on page 2

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: LEKEL ST-FLEUROSE

DIRECTOR

09/26/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASSISTANT TREASURER
Name DESIR, JIMMY ASS TREASURER
Address 4721 THOMAS STREET
City-State-Zip: HOLLYWOOD FL 33021

Title COUNSELOR
Name MARIE-ELMA, JOSEPH COUNSELOR
Address 17090 NORTH MIAMI AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33169

Title DELEGATE
Name LIBERTE, FRENEL DELEGATE
Address 17090 NORTH MIAMI AVENUE
City-State-Zip: NORTH MIAMI BEACH FL 33169

Title COUNSELOR
Name JEAN-LOUIS, JAMES COUNSELOR
Address 7335 NW 7 AVENUE UNIT 101
City-State-Zip: MIAMI GARDENS FL 33169