2001 UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nan		# 701541		_	m: f		I	Feb 06 Secre	, 200 1	18:	00 a	am
BROTH	ers of t	THE GOOD SHEPHE	RD OF FLORIDA, INC).					01 90 33 0 0			
Principal Plac	ce of Busines	s	Mailing Address									
336 NW 5TH STREET MIAMI FL 33128 US			PO BOX 11829 MIAMI FL 33101-1829 US				1 (88)(1) (487) P818) 1488(8 1)11	2(82) (10) B)O() D	18)1 8)818 8	(D)(2(B)) D(T	ISI 1 81 1
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT W	VRITE IN THIS	SPACE	•	
City & State			City & State				4. FEI Number Applied For Not Applied For Not Applied For					
Zip		Country	Zip Country				5. Certificate of Status Desired					
	6. Name	and Address of Current F	Registered Agent				7. Name an	d Address of Ne	w Registered	Agent		
					Name							
MIESZALA 336 NW 5	A, MICHAEL				Street Ad	ddress (P	.O. Box Numt	per is Not Accepta	able) .			
MIAMI FL												
					City				FL	Zip	Code	
		v submits this statement for	the purpose of changing its	registere	L ed office or	registere	d agent, or bo	oth, in the state of	Florida.			
8. The above	e named enut	y additina tina atakement tor	the purpose of changing its									
8. The above	e named enur	y submite this statement to	the purpose of changing its	.og/otor		, og.oto.o	-		-			
	e named enur	y submits this statement for	are purpose or origing to	.ogicio.			-		-			
8. The above		or printed name of registered agent a					vhen reinstating)		DATE	Set v.	· Artis	*** ·
	Signature, typed			E: Registered	d Agent signatu	re required w	when reinstating)		DATE ake Check Department	Payabl	e to	
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOTI 9. Election Campaigr Trust Fund Contrib	E: Registered	nd Agent signatu	re required w \$5.00 Added t	when reinstating) May Be to Fees		ake Check Departmen	Payabl t of Sta	e to	
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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: RIGHATURE (305) 374·1065