

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701541

1. Entity Name

BROTHERS OF THE GOOD SHEPHERD OF FLORIDA, INC.

Principal Place of Business

336 NW 5TH STREET
MIAMI FL 33128
US

Mailing Address

PO BOX 11829
MIAMI FL 33101-1829
US

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

59-2005207

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIESZALA, MICHAEL
336 NW 5TH ST
MIAMI FL 33128

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
FENZA, MATEO
726 NE 1ST AVENUE
MIAMI FL 33132

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
HAYDEN, PAUL
650 NE 52 ST
MIAMI FL 33137

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
MIESZALA, RAPHAEL
336 NW 5TH STREET
MIAMI FL 33132-1808

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SIMPSON, DALE A
336 NW 5TH ST
MIAMI FL 33128

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BRINKMANN, JUDY
4129 N DIXIE HWY
MOMENCE IL 60954

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NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 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: Raphael Mieszala RAPHAEL MIESZALA 1-5-01 (305) 374-1065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)