

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90091 017 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # 734646

1. Entity Name

LEGION OF MARY OF MIAMI, INC.

Principal Place of Business

Mailing Address

129 AMERICA AVENUE
 CORAL GABLES FL 33134
 US

P.O. BOX 381752
 MIAMI FL 33238-1752
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1994955

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARK W.
~~STEELE, MARGARET D.~~
 19281 HOLIDAY RD
 MIAMI FL 33157

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 Mark W. Steele Mark W. Steele 2/16/00
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	PD	<input checked="" type="checkbox"/> Delete
NAME	STEELE, MARGARET	
STREET ADDRESS	19281 HOLIDAY RD.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input type="checkbox"/> Delete
NAME	DE MEILLAC, TERESA	
STREET ADDRESS	2855 SW 39TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	T	<input type="checkbox"/> Delete
NAME	AMISAL, ROGER	
STREET ADDRESS	14585 SW 123RD AVENUE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOULLERE, RICHARD (REV.)	
STREET ADDRESS	2700 NE 36TH ST	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	✓ P	<input type="checkbox"/> Delete
NAME	IYANNA TOMINEC	
STREET ADDRESS	440 N.W. 132 ST.	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, MARK W.	
STREET ADDRESS	19281 HOLIDAY RD	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. BOX 221937	
CITY-ST-ZIP	HOLLYWOOD, FL 33022-1937	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MADGE CHIN	
STREET ADDRESS	95 NE 128 ST.	
CITY-ST-ZIP	MIAMI, FL 33161	

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: Mark W. Steele 2/16/00 305-233-0082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)