

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734646

1. Entity Name

LEGION OF MARY OF MIAMI, INC.

FILED
Mar 10, 2002 8:00 am
Secretary of State

03-10-2002 90297 001 ***122.50

Principal Place of Business

129 AMERICA AVENUE
CORAL GABLES FL 33134
US

Mailing Address

P.O. BOX 381752
MIAMI FL 33238
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

59-1994955

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

STEELE, MARK W
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

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 PD
STREET ADDRESS STEELE, MARK W
CITY-ST-ZIP 19281 HOLIDAY RD.
MIAMI FL 33157 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S
STREET ADDRESS CHIN, MADGE
CITY-ST-ZIP 95 NE 128 ST
MIAMI FL 33161 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME T
STREET ADDRESS AMISAL, ROGER
CITY-ST-ZIP 14585 SW 123RD AVENUE
MIAMI FL 33186 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
BRIAN BUCKLEY
13627 SW 117 LANE
MIAMI, FLA. 33186 ☐ Change ☒ Addition

TITLE
NAME D
STREET ADDRESS SOULLERE, RICHARD (REV.)
CITY-ST-ZIP P O BOX 221937
HOLLYWOOD FL 33022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME VP
STREET ADDRESS TOMINEC, IVANNA
CITY-ST-ZIP 440 NW 132ND ST
MIAMI FL 33168 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME AS
STREET ADDRESS ANNIS, MARGARET
CITY-ST-ZIP 379 NE 94 STREET
MIAMI FL 33138 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☒ 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:

Mark Steele RECOMARK STEELE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President 2/10/02 305-443-2006

CR2E037 (9/01)