

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
 04-13-2001 90093 048 \*\*\*\*61.25

**DOCUMENT # 742241**

1. Entity Name

**ST. DOMINIC GARDENS, INC.**

Principal Place of Business

**11440 N. KENDAL DR  
 STE E-209  
 MIAMI FL 33176  
 US**

Mailing Address

**11440 N. KENDAL DR  
 STE E-209  
 MIAMI FL 33176  
 US**

**00036456**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1876359**

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

**FITZGERALD, PATRICK J.  
 110 MERRICK WAY  
 SUITE 2C  
 CORAL GABLES FL 33134**

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 **VD** ☐ Delete  
 NAME **ABELLO, EUGENE**  
 STREET ADDRESS **2736 SW 7TH AVE**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
 NAME **6522 SW 136 Ct.**  
 STREET ADDRESS **Miami, FL 33183**  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **QUINLIVAN, J. MARK**  
 STREET ADDRESS **5730 SW 74 ST STE 300**  
 CITY-ST-ZIP **S MIAMI-FL**

TITLE ☒ Change ☐ Addition  
 NAME **South Miami, FL 33143**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **STEIBEL, GARY R**  
 STREET ADDRESS **123 NW 6TH AVE**  
 CITY-ST-ZIP **HALLANDALE FL**

TITLE ☒ Change ☐ Addition  
 NAME **1805 Pierce Street**  
 STREET ADDRESS **Hollywood, FL 33020**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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:

**SIGNATURE REQUIRED**

**4/6/01 305-757-2024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)