

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 762250

1. Entity Name

STELLA MARIS HOUSE, INC.

FILED

Mar 28, 2000 8:00 am  
Secretary of State

03-28-2000 90056 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

11440 N. KENDAL DR  
STE E-209  
MIAMI FL 33176-1044  
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

59-2199601

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

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 PD  
NAME QUINLIVAN, J MARK  
STREET ADDRESS 5730 S.W. 74TH ST. S 300  
CITY-ST-ZIP S. MIAMI FL ☐ Delete

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

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

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

TITLE SD  
NAME CONWAY, LAURENCE  
STREET ADDRESS 17775 N BAY RD  
CITY-ST-ZIP MIAMI BCH FL ☒ Delete

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

TITLE TD  
NAME MCCAUL, MICHAEL  
STREET ADDRESS 2251 YUCCA AVE.  
CITY-ST-ZIP PEMBROKE PINES FL ☒ Delete

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

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

TITLE TD  
NAME Steibel, Gary R.  
STREET ADDRESS 123 NW 6th Ave.  
CITY-ST-ZIP Hallandale, FL ☒ Change ☐ Addition

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
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)(l), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Mark Quinlivan 3/17/2000 2824

Date

Daytime Phone #

CR29037 (9/99)