

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006759

1. Entity Name

LASALLE HIGH SCHOOL, INC.

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90125 023 ****70.00

Principal Place of Business

3601 MIAMI AVENUE
MIAMI FL 33133

Mailing Address

3601 MIAMI AVENUE
MIAMI FL 33133

00071978

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

59-115-2665

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FITZGERALD, J PATRICK
110 MERRICK WAY, SUITE 3-B
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

TITLE	PD	☐ Delete
NAME	DELGADO, SHERMANE	
STREET ADDRESS	3601 MIAMI AVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	☐ Delete
NAME	TORRES, LUISA	
STREET ADDRESS	3601 MIAMI AVENUE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	TD	☐ Delete
NAME	VAUGHAN, JOHN J REV	
STREET ADDRESS	9401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	SD	☐ Delete
NAME	KELLY, VINCENT T REV	
STREET ADDRESS	9401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	☐ Delete
NAME	HENNESSEY, WILLIAM J REV	
STREET ADDRESS	9401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 6/5 (305) 854-2334

CR2E037 (10/00)