2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2002 8:00 am Secretary of State DOCUMENT # N0000006759 02-07-2002 90073 024 ****61.25 LASALLE HIGH SCHOOL, INC. Principal Place of Business Mailing Address 3601 MIAMI AVENUE 3601 MIAMI AVENUE 80019277 MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1152665 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FITZGERALD, J PATRICK 110 MERRICK WAY, SUITE 3-B CORAL GABLES FL 33134 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD Addition TITLE ☐ Change CR2E037 (9/01 Delete TITLE ROCHE, PATRICIA NAME NAME STREET ADDRESS STREET ADDRESS 3601 S. MIAMI AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Addition TITLE ☐ Delete Change NAME TORRES, LUISA STREET ADDRESS STREET ADDRESS 3601 MIAMI AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** ☐ Change Addition TITLE Delete 1 NAME vaughan, John J Rev STREET ADDRESS STREET ADDRESS 9401 BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Change Addition TITLE ☐ Delete TITLE KELLY, VINCENT T REV NAME NAME STREET ADDRESS 9401 BSCAYNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL 33138 TITLE ☐ Delete TITLE ☐ Change Addition HENNESSEY, WILLIAM J REV NAME NAME STREET ADDRESS 9401 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Change ___ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

12. Thereby 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.