

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

9/11/2003-90084-001-\$61.25-\$61.25

DOCUMENT # **N02000009709**

1. Entity Name
THE SUMMIT LIGHTHOUSE STUDY GROUP OF MIAMI, INC.



FILED

03 SEP 29 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business
**815 PONCE DE LEON BOULEVARD
SUITE P-201
CORAL GABLES FL 33134**

Mailing Address
**815 PONCE DE LEON BOULEVARD
SUITE P-201
CORAL GABLES FL 33134**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number
32 005 2754

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**LANGSTADT, OLIVER J
815 PONCE DE LEON BOULEVARD
SUITE P-201
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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

8. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOCORRO TELLO P <input type="checkbox"/> Delete P 8211 SW 25TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TERESITA FONTANEZ <input type="checkbox"/> Delete P 8211 SW 25TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NADINE CLARE <input type="checkbox"/> Delete P 8211 SW 25TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOY ROBERTS <input type="checkbox"/> Delete T 8211 SW 25TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARIA CAROLINA PARAVENTI <input type="checkbox"/> Delete JP 8211 SW 25TH ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **PARAVENTI** SIGNATURE REQUIRED. **PARAVENTI** 9/05/03 305-332-9046
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (4/03)