

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90183 030 ****61.25

0043682

DOCUMENT # N08863

1. Entity Name

ARCHBISHOP HURLEY HALL, INC.

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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2533819

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FITZGERALD, J PATRICK, ESQUIRE
110 MERRICK WAY
SUITE 2-C
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 NAME Delete
PD QUINLIVAN, J. M
 STREET ADDRESS **5730 SW 74TH ST, STE. 300**
 CITY-ST-ZIP **SOUTH MIAMI FL**

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

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

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

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

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

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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)(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: _____

James J. Hurley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED 4/6/01

305-757-2824

Date

Daytime Phone #

CR2E037 (10/00)