

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90147 017 \*\*\*\*61.25

MAK-10393

**DOCUMENT # N25886**  
 1. Entity Name  
**BAHAMAS MISSION OF FLORIDA, INC.**

Principal Place of Business      Mailing Address  
 110 MERRICK WAY      110 MERRICK WAY  
 SUITE 3-B      SUITE 3-B  
 CORAL GABLES FL 33134      CORAL GABLES FL 33134  
 US      US

2. Principal Place of Business      3. Mailing Address  
**9401 Biscayne Boulevard**      **9401 Biscayne Boulevard**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Miami Shores, FL**      **Miami Shores, FL**  
 Zip      Country      Zip      Country  
**33138**      **Miami-Dade**      **33138**      **Miami-Dade**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**65-0054842**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FITZGERALD, J. PATRICK**  
**110 MERRICK WAY**  
**SUITE 2-G 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME	DSV MARIN, TOMAS M REV	<input type="checkbox"/> Delete
STREET ADDRESS	9401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE NAME	DP BURKE, LAWRENCE A	<input type="checkbox"/> Delete
STREET ADDRESS	P.O. BOX N8187 N/A	
CITY-ST-ZIP	NASSAU BAHAMAS	
TITLE NAME	DAS FITZGERALD, J. PATRICK	<input type="checkbox"/> Delete
STREET ADDRESS	110 MERRICK WAY, STE 2-C	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	Marin, Tomas M Rev Msgr	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> 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: Signature      January 17th, 2001      (242) 322-7711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CRZE037 (9/01)