FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 21, 2000 8:00 am Secretary of State DOCUMENT # **N42426** 1. Entity Name 04-21-2000 90002 046 ****70.00 CATHOLIC ELDERLY SERVICES, INC. Principal Place of Business Mailing Address 4740 N STATE ROAD 7 4740 N STATE ROAD 7 BLDG #C - SUITE #100 BLDG #C - SUITE #100 718305 LAUDERDALE LAKES FL 33319 LAUDERDALE LAKES FL 33319-5860 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current 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 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Delete T Change ☐ Addition TITLE C/D TITLE PD- NAME NAME PENNEKAMP, THOMAS STREET ADDRESS STREET ADDRESS 6710 LE JEUNE RD. CITY-ST-ZIP CITY-ST-ZIP <u>Coral Gables Fl</u> ☐ Change ☐ Addition ☐ Delete TITLE VAUGHAN, JOHN J. NAME STREET ADDRESS STREET ADDRESS 9401 BISCAYNE BLVD. CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL Change ☐ Delete TITLE Addition NAME HONOLD, THOMAS G. STREET ADDRESS STREET ADDRESS C/O 1050 NE 125TH ST CITY-ST-ZIP CITY-ST-ZIP <u>n miami fl</u> ☐ Addition ☐ Delete VC/D TITLE VIDS- NAME NAME HENNESSY, WILLIAM STREET ADDRESS STREET ADDRESS C/O 9401 BISCAYNE BLVD CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL ☐ Change 🛚 Addition ☐ Delete TITLE TITLE NAME NAME Joseph M. Catania ESTEVEZ. FELIPE STREET ADDRESS STREET ADDRESS 291 NW 43 Avenue 1111 SW 107 AVE. CITY-ST-ZIP CITY-ST-ZIP Coconut Creek, FL MIAMI FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

MECatania, Pres. 4-10.00

954-484-1515

FLORIDA DEPARTMENT OF STATE 2000 UNIFORM BUSINESS REPORT ATTACHMENT - DIRECTORS OF CORPORATION

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