

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000299

1. Entity Name

THE MOST SACRED HEART FOUNDATION, INC.

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90196 001 ****61.25
02-04-2002 90196 002 *****8.75

Principal Place of Business

119 NE 62ND STREET
2ND FLOOR
MIAMI FL 33138

Mailing Address

119 NE 62ND STREET
2ND FLOOR
MIAMI FL 33138

11578



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7101 Biscayne Blvd
Suite 211
Miami, FL
33138 USA

3. Mailing Address

7101 Biscayne Blvd.
Suite 211
Miami, FL
33138 USA

4. FEI Number 65-0811946

Applied For
Not Applicable

5. Certificate of Status Desired X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGRORTY, RANDOLPH P
1001 7TH ST #204
MIAMI BEACH FL 33139

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEZADIEU, MYRIAM	
STREET ADDRESS	8501 NE 3RD AVE	
CITY-ST-ZIP	EL PORTAL FL 33138	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGRORTY, RANDOLPH P	
STREET ADDRESS	1001 7TH ST #204	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOISE, MARIE C	
STREET ADDRESS	9126 SW 123RD CT. STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	IGBOELUSI, PROVIDENTIA	
STREET ADDRESS	8501 NE 3RD AVE	
CITY-ST-ZIP	EL PORTAL FL 33138	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MADDEN, THOMAS A FR	
STREET ADDRESS	118 N.E. 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 liquidator 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: Myriam Mezadieu

Date: 1/18/02 Daytime Phone #: 305-758-3301

CR2E037 (9/01)