

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

01-15-2002 90020 039 \*\*\*\*61.25

**DOCUMENT # N98000002543**

1. Entity Name

**ST. AUGUSTINE PRIORY, INC.**

Principal Place of Business

Mailing Address

1938 SW 6TH ST  
 MIAMI FL 33135-3208

1938 SW 6TH ST  
 MIAMI FL 33135-3208

13852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0838370

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOBO, MICHAEL F**  
 1938 SW 6TH ST  
 MIAMI FL 33135-3208

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 PD  
 NAME LOBO, MICHAEL F  
 STREET ADDRESS 1938 SW 6TH ST  
 CITY-ST-ZIP MIAMI FL 33135-3208 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
 NAME FERNANDEZ, MARIA L  
 STREET ADDRESS 1938 SW 6TH ST  
 CITY-ST-ZIP MIAMI FL 33135-3208 ☒ Delete

TITLE TD  
 NAME VERA, CONSUELO F.  
 STREET ADDRESS 1208 Cordova  
 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

TITLE SD  
 NAME LOBO, ROBERTO F  
 STREET ADDRESS 1938 SW 6TH ST  
 CITY-ST-ZIP MIAMI FL 33135-3208 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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:

*Rev. Michael F. Lobo*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-07-02

305-644-0037

Date

Daytime Phone #

CR2E037 (9/01)