

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

02-19-2003 90024 026 \*\*\*\*61.25

**DOCUMENT # N98000002543**

1. Entity Name

**ST. AUGUSTINE PRIORY, INC.**



Principal Place of Business

**1938 SW 6TH ST  
MIAMI FL 33135-3208**

Mailing Address

**1938 SW 6TH ST  
MIAMI FL 33135-3208**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0838370**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD**  
NAME **LOBO, REV. MICHAEL F.** ☒ Change ☐ Addition  
STREET ADDRESS **1938 SW 6th ST**  
CITY-ST-ZIP **MIAMI, FL 33135-3208**

TITLE **TD**  
NAME **VERA, CONSUELO F** ☐ Delete  
STREET ADDRESS **1208 CORDOVA**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

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

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

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

**2-17-03**

**305-644-0037**

CR2E037 (10/02)