

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**

**Feb 21, 2001 8:00 am  
Secretary of State**

02-21-2001 90052 004 \*\*\*150.00

0188948

**DOCUMENT # F11032**

1. Entity Name  
**OUR LADY OF THE ROSARY SCHOOL, INC.**

Principal Place of Business

Mailing Address

**10701 SW 95 ST  
MIAMI FL 33176**

~~11491 SW 103 ST~~  
~~MIAMI FL 33176~~  
**US**

2. Principal Place of Business

3. Mailing Address

**10701 SW 95 STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**MIAMI, FL**

City & State

City & State

4. FEI Number **59-2074432**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33176**

**U.S.A.**

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

**SIRVEN, MARTHA R**

~~11491 SW 103 ST~~

~~MIAMI FL 33176~~

Name **MARTHA R. SIRVEN**

Street Address (P.O. Box Number is Not Acceptable)

**10701 SW 95 STREET**

**MIAMI, FL 33176**

City

**MIAMI**

FL

Zip Code

**33176**

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 *Martha R. Sirven* **MARTHA R. SIRVEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/19/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
NAME **SIRVEN, MARTHA R.**  
STREET ADDRESS ~~9760 SW 94 TERRACE~~  
CITY-ST-ZIP ~~MIAMI FL~~

TITLE **PRESIDENT**  Change  Addition  
NAME **MARTHA R. SIRVEN**  
STREET ADDRESS **10701 SW 95 STREET**  
CITY-ST-ZIP **MIAMI FL 33176**

TITLE **ST**  Delete  
NAME **SIRVEN, JOSE L.**  
STREET ADDRESS ~~11491 SW 103 ST~~  
CITY-ST-ZIP ~~MIAMI FL 33176~~

TITLE **SECRETARY/TREASURER**  Change  Addition  
NAME **JOSE L. SIRVEN**  
STREET ADDRESS **10701 SW 95 STREET**  
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Martha R. Sirven* **MARTHA R. SIRVEN**, **2/19/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

**305-271-8389**

Daytime Phone #

CR2E034 (10/00)