2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2002 8:00 AM
Secretary of State

DOCUMENT# 701541

Entity Name: BROTHERS OF THE GOOD SHEPHERD OF FLORIDA, INC.

Current Principal Place of Business:

336 NW 5TH STREET
MIAMI, FL 33128 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 11829
MIAMI, FL 331011829 US

New Mailing Address:

FEI Number: 59-2005207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MIESZALA, MICHAEL
336 NW 5TH ST
MIAMI, FL 33128

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: FENZA, MATEO
Address: 726 NE 1ST AVENUE
City-St-Zip: MIAMI, FL 33132

Title: PD ( ) Delete
Name: HAYDEN, PAUL
Address: 650 NE 52 ST
City-St-Zip: MIAMI, FL 33137 US

Title: SD ( ) Delete
Name: MIESZALA, RAPHAEL
Address: 336 NW 5TH STREET
City-St-Zip: MIAMI, FL 331321808 US

Title: D ( ) Delete
Name: SIMPSON, DALE A
Address: 336 NW 5TH ST
City-St-Zip: MIAMI, FL 33128

Title: D (X) Delete
Name: BRINKMANN, JUDY
Address: 4129 N DIXIE HWY
City-St-Zip: MOMENCE, IL 60954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: SULLIVAN, DENNIS
Address: 680 NE 52 STREET
City-St-Zip: MIAMI, FL 33137

Title: VPSD (X) Change ( ) Addition
Name: SIMPSON, DALE A
Address: 336 NW 5 STREET
City-St-Zip: MIAMI, FL 33128 US

Title: PD (X) Change ( ) Addition
Name: MIESZALA, RAPHAEL
Address: 336 NW 5TH STREET
City-St-Zip: MIAMI, FL 331321808 US

Title: D (X) Change ( ) Addition
Name: SCHREINER, CHARLES
Address: 680 NE 52 STREET
City-St-Zip: MIAMI, FL 33137

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MIESZALA PD 03/16/2002
Electronic Signature of Signing Officer or Director — Date