FILED . 2000-UNIFORM BUSINESS REPORT (UBR) Apr 22, 2000 8:00 am DOCUMENT # Secretary of State 1. Enliny Name The Convent of the Sacred Heart of Miami, Inc. 04-22-2000 90115 006 ****70.00 Principal Place of Business Mailing Address 3747 Main Highway Miami, Florida 33133 837795 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-6082015 Not Applicable Country Country Zο \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent Sister Suzanne Cooke, RSCJ Street Address (P.O. Box Number is Not Acceptable) 3747 Main Highway Miami, Florida 33133 City 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 Fiorida. SIGNATURE (MOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TITLE ☐ Delete TIFLE ☐ Change President NAME NAME Sister Suzanne Cooke, RSCJ STREET ADDRESS STREET ADDRESS 3747 Main Highway CITY-SI-7P CUTY-ST-7IP Miami, Florida 33 Vice-President/Treasurer Change ☐ Addition TITLE TITLE Vice-President & Treasurer NAME NAME Sister Rosemary Bearss, RSCJ Sister Nancy Salisbury, RSCJ STREET ADDRESS STREET ADDRESS 1 East 91st Street New York, NY 10128-0654 3750 S. Dixie-Highway CITY-ST-ZIP CITY - ST - ZIP 33133 **12** Change Coconut Grove, Florida-Delete ■ Addition TITLE Director Director NAME NAME Sister Susan Maxwell, RSCJ Sister Frances de la Chapelle, RSCJ STREET ADDRESS STREET ADORESS 6250 N. Sheridan Road 1200 Stuart Road CITY-ST-ZIP CiTY-SE-21P Chicago, IL 60660-1799 Princeton, New Jersey TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2P Delete TITLE Change Addition DIBLE MALAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZW CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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.

SIGNING OFFICER OR DIRECTOR

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