

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90823 006 ****61.25

0017415

DOCUMENT # 731642

1. Entity Name

ST. BERNADETTE HOME & SCHOOL ASSOCIATION, INC.

Principal Place of Business

**7450 STERLING ROAD
 HOLLYWOOD FL 33024**

Mailing Address

**7450 STERLING ROAD
 HOLLYWOOD FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1292712

Applied For

☒ Not Applicable

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

**LETUINCHUK, MARY E
 5930 DEVON LANE
 DAVIE FL 33331**

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	<input type="checkbox"/> Delete
NAME	MUNOZ, APRIL	
STREET ADDRESS	PO BOX 577	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	T	<input type="checkbox"/> Delete
NAME	LONDONO, MARIA	
STREET ADDRESS	11390 NW 23RD ST	
CITY-ST-ZIP	PLANTATION FL 33326	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MAFFE, MARY KAY	
STREET ADDRESS	13920 MASTA 8 TRAIL	
CITY-ST-ZIP	FT LAUDERDALE FL 33330	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	COFFEY, ELLEEN	
STREET ADDRESS	2920 ABATROSS DR	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PLESA, LAURIE	
STREET ADDRESS	307 EGRET LANE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yami Avila	
STREET ADDRESS	16297 NW 10th Street	
CITY-ST-ZIP	Pembroke Pines, FL 33028	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laura Lentoski	
STREET ADDRESS	17420 SW 61st Ct.	
CITY-ST-ZIP	Ft. Lauderdale, FL 33331	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie Plesa	
STREET ADDRESS	201 NW 131st Ave	
CITY-ST-ZIP	Plantation, FL 33325	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *APRIL MUNOZ* **APRIL MUNOZ**

1-9-02

**(954)
 432-7022**

CR2E037 (9/01)