

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2000 08:00 AM  
Secretary of State

DOCUMENT # 762212

1. Entity Name

MONASTERY OF THE EXALTATION OF THE MOST HOLY CROSS, IN  
C.

Principal Place of Business

Mailing Address

21D 12425 SUNSET DRIVE MIAMI 33183	FL	12425 SUNSET DR. 12425 SUNSET DRIVE MIAMI 33183	US	FL
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2. Principal Place of Business

12425 SUNSET DRIVE

3. Mailing Address

12425 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

59-2194740

Applied For

Not Applicable

Zip

33183

Country

Country

US

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

WENDT, FRANK G.  
12425 SUNSET DRIVE

MIAMI FL  
33183

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.)

02/15/2000

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	D	<input type="checkbox"/> Delete
NAME	BLONSKY JOSEPH ESQ.	
STREET ADDRESS	370 MINORCA AVE, STE 9	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLONSKY JOSEPH ESQ.	
STREET ADDRESS	370 MINORCA AVENUE, SUITE 9	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	VSTD	<input type="checkbox"/> Delete
NAME	GIBAULT REV JAMES	
STREET ADDRESS	12425 SUNSET DRIVE.	
CITY-ST-ZIP	MIAMI FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	WENDT, REV FRANK G	
STREET ADDRESS	12425 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDT REV FRANK G	
STREET ADDRESS	12425 SUNSET DRIVE	
CITY-ST-ZIP	MIAMI FL	

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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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		

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.