

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 25, 2001 08:00 AM****Secretary of State****DOCUMENT # 762212**

<b>1. Entity Name</b> MONASTERY OF THE EXALTATION OF THE MOST HOLY CROSS, INC.			
<b>Principal Place of Business</b> 12425 SUNSET DRIVE  MIAMI FL 33183		<b>Mailing Address</b> 12425 SUNSET DRIVE  MIAMI FL 33183 US	
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.		<b>3. Mailing Address</b>  Suite, Apt. #, etc.	
<b>City &amp; State</b>		<b>City &amp; State</b>	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
<b>4. FEI Number</b> 59-2194740		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
WENDT, FRANK G. 12425 SUNSET DRIVE  MIAMI FL 33183		Name WENDT RT. REV. FR. G Street Address (P.O. Box Number is Not Acceptable) 12425 SUNSET DRIVE  City MIAMI FL Zip Code 33183	
<b>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.</b>			
<b>SIGNATURE</b> RT. REV. FR. G. WENDT <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>01/25/2001</b> <small>DATE</small>	
<b>FILE NOW:</b> <b>FEE IS \$61.25</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> D <b>NAME</b> BLONSKY JOSEPH ESQ. <b>STREET ADDRESS</b> 370 MINORCA AVENUE, SUITE 9 <b>CITY-ST-ZIP</b> CORAL GABLES FL 33134	<input type="checkbox"/> Delete	<b>TITLE</b> D <b>NAME</b> BLONSKY JOSEPH, ESQ. <b>STREET ADDRESS</b> 370 MINORCA AVENUE, SUITE 9 <b>CITY-ST-ZIP</b> CORAL GABLES FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VSTD <b>NAME</b> GIBAUT REV JAMES <b>STREET ADDRESS</b> 12425 SUNSET DRIVE. <b>CITY-ST-ZIP</b> MIAMI FL	<input type="checkbox"/> Delete	<b>TITLE</b> VSTD <b>NAME</b> GIBAUT REV JAMES A <b>STREET ADDRESS</b> 12425 SUNSET DRIVE. <b>CITY-ST-ZIP</b> MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD <b>NAME</b> WENDT REV FRANK G <b>STREET ADDRESS</b> 12425 SUNSET DRIVE <b>CITY-ST-ZIP</b> MIAMI FL	<input type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> WENDT RT. REV. FR. G <b>STREET ADDRESS</b> 12425 SUNSET DRIVE <b>CITY-ST-ZIP</b> MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>			
<b>SIGNATURE:</b> REV. JAMES A. GIBAUT		VSTD 01/25/2001	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

CR2E037 (11/00)