

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764453

1. Entity Name

MYSTICAL ROSE PRAESIDIUM OF THE LEGION OF MARY,

Principal Place of Business

129 ALMERIA AVE
CORAL GABLES FL 33134
US

Mailing Address

3251 S.W. 60 AVE.
MIAMI FL 33155-4044
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 381752
MIAMI, FL
33238-1752

4. FEI Number

59-0761894

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

BRAKE, ROBERT M.
1830 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Name

MARK W. STEELE

Street Address (P.O. Box Number is Not Acceptable)

19281 Holiday Rd.

City

MIAMI

FL

Zip Code

33157

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

Mark W. STEELE

Mark W. Steele

2/16/00

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	P	<input checked="" type="checkbox"/> Delete
NAME	ZARZECKI, MARY	
STREET ADDRESS	3251 SW 60 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KARCH, REGINA	
STREET ADDRESS	411 NW 59 COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, GLADYS	
STREET ADDRESS	5102 S.W. 13 TERR	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORRAS, XAVIER	
STREET ADDRESS	1270 ANASTASIA	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PDS	<input checked="" type="checkbox"/> Delete
NAME	OBREGON, AMERICA	
STREET ADDRESS	4231 SW 58 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SPIRITUAL DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REV. RICHARD SCULLERE	
STREET ADDRESS	P.O. Box 221937	
CITY-ST-ZIP	HOLLYWOOD, FL 33022-1937	
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARK W STEELE	
STREET ADDRESS	19281 Holiday RD	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVY TOMINEC	
STREET ADDRESS	440 N.W. 132 ST.	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERESA DE MEILLAC	
STREET ADDRESS	2855 S.W. 39 AVE	
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER AMISAL	
STREET ADDRESS	14585 S.W. 123 Ave.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE	ASSISTANT SECT.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAOGE CHIN	
STREET ADDRESS	95 NE 128 ST.	
CITY-ST-ZIP	MIAMI, FL 33161	

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:

Mark W. STEELE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/00

Date

305-233-0082

Daytime Phone #

CR2E037 (9/99)