

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State

03-10-2002 90297 001 ***122.50

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1. Entity Name

MYSTICAL ROSE PRAESIDIUM OF THE LEGION OF MARY, INC.

Principal Place of Business

**129 ALMERIA AVE
 CORAL GABLES FL 33134
 US**

Mailing Address

**P.O. BOX 381752
 MIAMI FL 33238-1752
 US**

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

59-0761894

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

**STEELE, MARK N
 19281 HOLIDAY RD
 MIAMI FL 33157**

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 NAME STREET ADDRESS CITY - ST - ZIP	PD STEELE, MARK 19281 HOLIDAY RD MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KARCH, REGINA 411 NW 59 COURT MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RAMOS, GLADYS 5102 S.W. 13 TERR MIAMI FL 33144	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MORRAS, XAVIER 1270 ANASTASIA CORAL CABLES FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS OBREGON, AMERICA 4231 SW 58 AVE MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP TOMINEC, IVANNA 440 NW 132 ST MIAMI FL 33168	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Vice President MARGARET ANNIS 379 NE 94 ST. MIAMI, FLA. 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TREASURER BRIAN BUCKLEY 13627 SW 117 LANE MIAMI, FLA. 33186	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SB REV. Richard Soulliere P.O. Box 221937 Hollywood, FLA. 33022	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
SECRETARY MADGE CHIN 95 NG 128 ST. MIAMI, FLA. 33161	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Steele
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/02 305-443-2006
 Date Daytime Phone #

CR2E037 (9/01)