

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

04-28-2000 90038 020 \*\*\*\*61.25

DOCUMENT # 820963

1. Entity Name

THE DIOCESE OF NEWTON FOR THE MELKITES IN THE UN

Principal Place of Business

Mailing Address

19 DARTMOUTH ST.  
 NEWTON MA 02465

19 DARTMOUTH ST.  
 WEST NEWTON MA 02446-6849



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

158 PLEASANT ST

3. Mailing Address

158 PLEASANT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 BROOKLINE MA

City & State  
 BROOKLINE MA

4. FEI Number  
 04-2636319

Applied For  
 Not Applicable

Zip  
 02446

Country

Zip  
 02446

Country

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

KAYAL, RAYMOND J JR.  
 6910 N.W. 12TH STREET  
 MIAMI FL 33126

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	VD	<input type="checkbox"/> Delete
NAME	SAMRA, NICHOLAS	
STREET ADDRESS	8525 COLE	
CITY-ST-ZIP	WARREN MI	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ELYA, JOHN A	
STREET ADDRESS	19 DARTMOUTH ST.	
CITY-ST-ZIP	WEST NEWTON MA	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ST. GERMAIN, ANDRE	
STREET ADDRESS	225 MAIN ST.	
CITY-ST-ZIP	PEMBROKE NH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	158 PLEASANT ST	
CITY-ST-ZIP	BROOKLINE MA 02446	
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		<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: *Andre St. Germain*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00 617 566-4548  
 Date Daytime Phone #

CR2E037 (9/99)