

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90006 003 ****61.25

DOCUMENT # F94000003554

1. Entity Name

SISTERS OF MERCY OF THE AMERICAS, INCORPORATED

Principal Place of Business

8300 COLESVILLE ROAD, #300
SILVER SPRINGS MD 20910

Mailing Address

8300 COLESVILLE ROAD, #300
SILVER SPRINGS MD 20910



DO NOT WRITE IN THIS SPACE

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

52-1653282

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

MEYERS, JUDITH
4725 N. FEDERAL HWY
FT LAUDERDALE FL 33308

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	CHIN, MARIE	8300 COLESVILLE ROAD, #300	SILVER SPRINGS MD				
D	CARNEY, SHEILA	8300 COLESVILLE ROAD, #300	SILVER SPRINGS MD				
VP	BURNS, HELEN MARIE	8300 COLESVILLE ROAD, #300	SILVER SPRINGS MD				
D	VERA, MARIE LUISA	8300 COLESVILLE ROAD, #300	SILVER SPRINGS MD				
T	MCDERMOTT, PATRICIA	8300 COLESVILLE ROAD, #300	SILVER SPRINGS MD				

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: Sister Maria Luisa Vera, RSM *Sister Maria Luisa Vera, RSM* 3/01/01 (301) 587-0423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)