

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 04, 2003 8:00 am
Secretary of State

0017047

DOCUMENT # **F98000004394**

1. Entity Name
THE MARIST BROTHERS, INC.



08-04-2003 90138 043 ****61.25

Principal Place of Business
**THE MARIST BROS. POUGHKEEPSIE PROVINCE
26 FIRST AVE.
PELHAM NY 10803**

Mailing Address
**THE MARIST BROS. POUGHKEEPSIE PROVINCE
26 FIRST AVE.
PELHAM NY 10803**

2. Principal Place of Business
**THE MARIST BROTHERS
1241 KENNEDY BLVD
Suite, Apt. #, etc.
BAYONNE, NJ**

3. Mailing Address
**THE MARIST BROTHERS
1241 KENNEDY BLVD
Suite, Apt. #, etc.
BAYONNE, NJ**



CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3202332** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**FILIATRAULT, CHARLES
8230 SW 136TH STREET
MIAMI FL 33158-6440**

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONNELL, KEARY 26 FIRST AVENUE PELHAM NY 10803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEIN, JOHN W. 153 AVENUE C BAYONNE, NJ 07002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLANGIAN, MICHAEL 26 FIRST AVE. PELHAM NY 10803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CONSIGLI, BEN 153 AVENUE C BAYONNE NJ 07002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS ONEIL, KEVIN 26 FIRST AVE. PELHAM NY 10803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS O'NEILL, KEVIN 153 AVENUE C BAYONNE NJ 07002 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMMER, HANK 153 AVENUE C BAYONNE, NJ 07002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLITTE, STEPHEN 1241 KENNEDY BLVD. BAYONNE, NJ 07002 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALICH, JOHN 2 EDEN TERRACE POUGHKEEPSIE, NY 12061-4803 <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: **Kevin O'Neill** **7/24/03** **201-823-1115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)