

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001421

1. Entity Name

THE BENEFICENT FOUNDATION OF ST. ANTHONY INC.

Principal Place of Business

18128 NW 63 CT.
MIAMI FL 33015

Mailing Address

18128 NW 63 CT.
MIAMI FL 33015

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

X 65-1035191

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

Name

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

City

FL

Zip Code

PEDRO, JANET
18128 N.W. 63RD CT.
MIAMI FL 33015

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEDRO, JANETE 18128 N.W. 63RD CT. MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREYFUS, JULIA 5274 N.W. 94TH AVENUE MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, MARARIDA A 5274 N.W. 94TH AVENUE MIAMI FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANTONIO PEDRO 18128 NW 63 COURT MIAMI FLORIDA 33015	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/01 (305) 820.0268

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-24-2001 90073 004 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)