2001 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 10, 2001 8:00 am Secretary of State DOCUMENT # N0000006757 1. Entity Name 08-10-2001 90001 008 ****61.25 ARCHBISHOP CURLEY-NOTRE DAME HIGH SCHOOL, INC. Principal Place of Business Mailing Address 4949 NE 2ND AVE 4949 NE 2ND AVE MIAMI FL 33137 MIAMI FL 33137 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) FITZGERALD, J\PATRICK 110 MERICK WAY, SUITE 3B CORAL GABLES FL 33134 City Zip Code FL 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 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees After September 12, 2001, min. will be \$236.25 Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Addition TITLE Delete TITLE ☐ Change CAVET, ANTHONY K NAME NAME STREET ADDRESS 4949 NE 2ND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33137 Change ☐ Addition TITLE □ Delete TITLE RODRIGUEZ, BEATRIZ NAME NAME STREET ADDRESS 4949 NE 2ND AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33137 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE VAUGHAN, JOHN J NAME NAME STREET ADDRESS 9401 BISCAYNE BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI SHORES FL 33138 Change ☐ Addition TITLE ☐ Delete TITLE KELLY, VINCENT T NAME NAME STREET ADDRESS 9401 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-71P MIAMI SHORES FL 33138 ☐ Change ☐ Addition TITLE ☐ Defete TITLE HENNESSEY, WILLIAM J NAME NAME STREET ADDRESS 9401 BISCAYNE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI SHORES FL 33138 Delete TITLE TITLE Change ☐ Addition NAME NAME

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. Br. Anthony K. Cavet Principal

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

7-11-01.