

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N00000006761**

1. Entity Name
OUR LADY OF LOURDES ACADEMY, INC.

Principal Place of Business Mailing Address
5525 SW 84TH ST **5525 SW 84TH ST**
MIAMI FL 33143 **MIAMI FL 33143**

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 Applied For
59-1056383 Not Applicable

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

6. Name and Address of Current Registered Agent

FITZGERALD, J PATRICK
110 MERRICK WAY, SUITE 3-B
CORAL GABLES FL 33134

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.

SIGNATURE _____ DATE **11/2/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$67.25
After September 12, 2001, min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	KUK, SUSAN M	
STREET ADDRESS	5525 SW 84TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	V	<input type="checkbox"/> Delete
NAME	CAMARAZA, SILVIA B	
STREET ADDRESS	5525 SW 84TH ST	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VAUGHAN, JOHN J	
STREET ADDRESS	9401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLY, VINCENT T	
STREET ADDRESS	9401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENNESSEY, WILLIAM J REV	
STREET ADDRESS	9401 BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500004694155-9	
STREET ADDRESS	-11/27/01--01003--018	
CITY-ST-ZIP	****241.25 ****241.25	
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: *[Signature]*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV -21 PM 12:37



REINSTATEMENT DO NOT WRITE IN THIS SPACE 01

0007238

CR2E037 (5/01)

10-11-07 205-167-1623 X215