

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90057 016 \*\*\*\*61.25

**DOCUMENT # N00000007190**

1. Entity Name

**SISTERS OF THE HEART, INC.**

Principal Place of Business

7400 S W 50TH TERRACE  
 SUITE 203  
 MIAMI FL 33155

Mailing Address

7400 S W 50TH TERRACE  
 SUITE 203  
 MIAMI FL 33155

2. Principal Place of Business

**536 Biltmore Way**  
 Suite, Apt. #, etc.

3. Mailing Address

**536 Biltmore Way**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

4. FEI Number

**65-1053760**

Applied For

Not Applicable

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROQUE, SUSANA RICE**  
**C/O CUEVAS & RUBIN, P.A.**  
**536 BILTMORE WAY**  
**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

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 **PD** ☐ Delete  
 NAME **RIPPINGILLE, BONIE**  
 STREET ADDRESS **10110 S W 211TH STREET**  
 CITY-ST-ZIP **MIAMI FL 33189**

TITLE **VD** ☒ Delete  
 NAME **SALVIN, BARBARA**  
 STREET ADDRESS **7400 S W 50TH TERRACE, SUITE 203**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **SD** ☐ Delete  
 NAME **ROQUE, SUSANA RICE**  
 STREET ADDRESS **536 BILTMORE WAY**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition  
 NAME **Bonnie Rippingille**  
 STREET ADDRESS **10110 SW 211 Street**  
 CITY-ST-ZIP **Miami FL 33189**

TITLE **VD** ☐ Change ☐ Addition  
 NAME **Collete McCurdy Jackson**  
 STREET ADDRESS **175 NW 1st Ave**  
 CITY-ST-ZIP **Miami FL**

TITLE **SECRETARY** ☐ Change ☐ Addition  
 NAME **SUSANA RICE ROQUE**  
 STREET ADDRESS **536 Biltmoreway**  
 CITY-ST-ZIP **Coral Gables FL 33134**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SUSANA RICE ROQUE** 4/9/01 (305)461-9500

CR2E037 (10/00)