

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

3/3

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-03-2003 90464 014 ****70.00

DOCUMENT # N02000003762

1. Entity Name

BROTHERS OF THE GOOD SHEPHERD OF HAITI, INC.



Principal Place of Business

Mailing Address

**680 NE 52 STREET
MIAMI FL 33137**

**680 NE 52 STREET
MIAMI FL 33137**

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
☐ 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

**MIESZALA, MICHAEL
680 NE 52 STREET
MIAMI FL 33137**

Name **JOSEPH J. CHARNOV**
Street Address (P.O. Box Number is Not Acceptable)
680 NE 52ND ST
City **MIAMI** FL **33137**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------------|--|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | SOMAN, ROGER | |
| STREET ADDRESS | 700 BILTMORE WAY, SUITE 710 | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | JOLICOEUR, LUC | |
| STREET ADDRESS | 680 NE 52 STREET | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | TS | <input checked="" type="checkbox"/> Delete |
| NAME | MIESZALA, MICHAEL | |
| STREET ADDRESS | 680 NE 52 STREET | |
| CITY-ST-ZIP | MIAMI FL 33137 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | BRENDAN SULLY | |
| STREET ADDRESS | 680 NE 52 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33137 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | MAJELLA MARCANDY | |
| STREET ADDRESS | 680 NE 52 STREET | |
| CITY-ST-ZIP | MIAMI, FL 33137 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | Joseph Charnov | |
| STREET ADDRESS | 680 NE 52ND ST. | |
| CITY-ST-ZIP | MIAMI, FL 33137 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| 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 | |
| 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:

JOSEPH J. CHARNOV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2003
Date

(305) 374-1665 x 308
Daytime Phone #

CR2E037 (10/02)