

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02702

1. Entity Name

ARCHBISHOP MCCARTHY RESIDENCE, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90071 010 ****61.25

Principal Place of Business

Mailing Address

11440 N. KENDALL DR
STE E-209
MIAMI FL 33176
US

11440 N. KENDALL DR
STE E-209
MIAMI FL 33176-1044
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2444487

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FITZGERALD, J. PATRICK ESQ
110 MERRICK WAY, STE 2-C
338 MINORGA AVE
CORAL GABLES FL 33134

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME QUINLIVAN, J MARK
STREET ADDRESS 5730 S.W. 74 ST STE 300
CITY-ST-ZIP SO. MIAMI FL

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

TITLE VD ☐ Delete
NAME ABELLO, EUGENE
STREET ADDRESS 2736 SW 7TH AVE
CITY-ST-ZIP MIAMI FL

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

TITLE SD ☒ Delete
NAME CONWAY, LAURENCE
STREET ADDRESS 17775 N BAY RD
CITY-ST-ZIP MIAMI FL

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

TITLE TD ☒ Delete
NAME MCCALL, MICHAEL
STREET ADDRESS 2251 YUCCA AVENUE
CITY-ST-ZIP PEMBROKE PINES FL

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

TITLE D ☐ Delete
NAME STEIBEL, GARY R
STREET ADDRESS 123 NW 6TH AVE
CITY-ST-ZIP HALLANDALE FL

TITLE TD ☒ Change ☐ Addition
NAME Steibel, Gary R.
STREET ADDRESS 123 NW 6th Ave.
CITY-ST-ZIP Hallandale, FL

TITLE ☐ Delete
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:

J. Mark Quinlivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Mark Quinlivan 3/17/2000 2000

Date

Daytime Phone #

CR2E037 (9/99)