

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2000 8:00 am
Secretary of State

06-15-2000 90005 044 ****61.25

DOCUMENT # N10796

(R)

1. Entity Name

GUARDIAN SHEPHERD LUTHERAN CHRISTIAN DAY SCHOOL.

Principal Place of Business

Mailing Address

110 PHOENETIA AVE.
 CORAL GABLES FL 33134
 US

110 PHOENETIA AVE.
 CORAL GABLES FL 33134-3312
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2566335

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OBER, JOHN
9171 FOUNTAIN BLVD.
MIAMI FL 33172

Name **Leo Beato**
 Street Address (P.O. Box Number is Not Acceptable)
110 Phoenetia Avenue
 City **Coral Gables** **FL** Zip Code **33134**

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: *REV. Leo Beato*
 Signature, typed or printed name of registered agent and title if applicable.

06-06-2000
 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	D	<input type="checkbox"/> Delete
NAME	LEO BEATO	
STREET ADDRESS	110 PHOENETIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	OBER, JOHN	
STREET ADDRESS	9171 FOUNTAIN BLVD	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	SLOAN, PAM	
STREET ADDRESS	707 PONCE DE LEON BLVD	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLORENCE, FLOYD	
STREET ADDRESS	430 SW 62 COURT	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, CHRISTINE	
STREET ADDRESS	11654 SW 53 PLACE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINQUEZ, FELICIA	
STREET ADDRESS	7595 SW 29ST	
CITY-ST-ZIP	MIAMI FL 33155	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leo Beato	
STREET ADDRESS	110 Phoenetia Ave	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Irwin Vettel	
STREET ADDRESS	9220 SW 83 Street	
CITY-ST-ZIP	MIAMI, FL 33173	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeanne Ober	
STREET ADDRESS	9171 Fountain Blvd, Apt. F7	
CITY-ST-ZIP	MIAMI, FL 33172	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gunther Freystrater	
STREET ADDRESS	110 Phoenetia Ave.	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Felicia Dominguez	
STREET ADDRESS	7595 SW 29 St.	
CITY-ST-ZIP	MIAMI, FL 33155	

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: *X SIGNATURE OF LEO BEATO*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-06-2000-305-443-0014
 Date Daytime Phone #

CR2E:037 (9/99)