

2001 UNIFORM BUSINESS REPORT (UBR)

2/1.

FILED
Mar 02, 2001 8:00 am
Secretary of State

02-13-2001 90602 007 ****61.25

DOCUMENT # N10796

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
 US

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

59-2566335

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

BEATO, LEO
110 PHOENETIA AVENUE
MIAMI 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	P D	<input type="checkbox"/> Delete
NAME	BEATO, LEO	
STREET ADDRESS	110 PHOENETIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V D	<input type="checkbox"/> Delete
NAME	VETTEL, IRWIN	
STREET ADDRESS	9220 SW 83 STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	T D	<input type="checkbox"/> Delete
NAME	OBER, JEANNE	
STREET ADDRESS	9171 FOUNTAINBLEU BLVD. APT. F-7	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FREYSTRETER, GUNTHER	
STREET ADDRESS	110 PHOENETIA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S D	<input type="checkbox"/> Delete
NAME	DOMINQUEZ, FELICIA	
STREET ADDRESS	7595 SW 29ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
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:

Leo Beato
REQUIRED Beato

1/16/01

(305) 443-0014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)