

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N17443

1. Entity Name

WORD AND LIFE CATHOLIC MINISTRY, INC.

Principal Place of Business

3730 COCONUT CREEK PKWY  
STE 190  
COCONUT CREEK FL 33066  
US

Mailing Address

PO BOX 93-5150  
MARGATE FL 33093

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

59-2733101

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK  
110 MERRICK WAY, SUITE 3-B  
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 ☐ Delete  
NAME P  
STREET ADDRESS CASTELLANUS, RICARDO C FR  
CITY-ST-ZIP 3730 COCONUT CREEK PKWY, STE 190  
COCONUT CREEK FL 33066

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WARREN, WALTER  
CITY-ST-ZIP 7807 NW 68 TERRACE  
TAMARAC FL 33321

TITLE ☐ Delete  
NAME T  
STREET ADDRESS VASQUEZ, ANTHONY G  
CITY-ST-ZIP 6161 COUNTRY FAIR CIR  
BOYNTON BEACH FL 33437

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BYMEL, MARY  
CITY-ST-ZIP 2118 NE 56TH PL  
FT LAUDERDALE FL 33308

TITLE ☐ Delete  
NAME S  
STREET ADDRESS CENATUS, MARIE J  
CITY-ST-ZIP 841 LYONS RD 24107  
COCONUT CREEK FL 33063

TITLE ☐ Delete  
NAME D  
STREET ADDRESS D'ANGELO, JOSEPH  
CITY-ST-ZIP 1123 SW 5TH ST.  
BOCA RATON FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS VASQUEZ, ANTHONY G  
CITY-ST-ZIP 14675 HIDEAWAY LN  
DELRAY BEACH, FL 33484

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 of 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

Daytime Phone #

**FILED**  
**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90058 040 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)