

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

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90086 014 ****61.25

DOCUMENT # N29802

1. Entity Name

OUR LADY OF SORROWS FOUNDATION, INC.



Principal Place of Business

**4801 NW FLAGLER STREET
MIAMI FL 33134-1453
US**

Mailing Address

**14 NW 48TH AVE
MIAMI FL 33126-5223
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 **65-0087996**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SUMMERFIELD, L.E.
14 NW 48TH AVE
MIAMI FL 33126**

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. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HENNEBERY, TIMOTHY
14 NW 48TH AVE
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GREENE, WILLIAM
14 NW 48TH AVE
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCDONALD, MERCEDES
31 NW 48TH COURT
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HARDING, MARIA ELENA B
15500 NEW BARN RD
MIAMI LAKES FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SUMMERFIELD, L.E.
14 NW 48TH AVE
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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: *SE: SUMMERFIELD, L.E.* 1/17/03 (305) 285-6453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)