

AMENDED

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

DOCUMENT # N39021

1. Entity Name

CONGREGATION OF THE FRENCH CUBAN DOMINICAN SISTERS
OF THE HOLY ROSARY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

600 SW 45 Avenue

Suite, Apt. #, etc.

3. Mailing Address

600 SW 45 Avenue

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-0270921

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Maria I. Rincon

Street Address (P.O. Box Number is Not Acceptable)

600 SW 45 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

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	P/T/D
NAME	Juana V. Alonso (SIS)
STREET ADDRESS	600 SW 45 Avenue
CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	V/D
NAME	Maria del Carmen Benavides (SIS)
STREET ADDRESS	Calle 58 #16 A-10
CITY - ST - ZIP	Bogota, Colombia, S.A.
TITLE	V/D
NAME	Ana Rita Pinzon (SIS)
STREET ADDRESS	Calle 58 #16 A-10
CITY - ST - ZIP	Bogota, Colombia, S.A.
TITLE	S/D
NAME	Maria Isabel Rincon (SIS)
STREET ADDRESS	600 SW 45 Avenue
CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	S
NAME	Olga Valentin Wilson (SIS)
STREET ADDRESS	600 SW 45 Avenue
CITY - ST - ZIP	Coral Gables, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
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CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-02-02

Date

Daytime Phone #

FILED

02 JUL -5 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)