

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002948

1. Entity Name

SAINT FRANCIS OF ASSISI CATHOLIC MISSION, INC.

FILED
Jun 14, 2000 8:00 am
Secretary of State

06-14-2000 90002 008 ****61.25

Principal Place of Business

9510 SW 39TH ST
MIAMI FL 33165

Mailing Address

9510 SW 39TH ST
MIAMI FL 33165-4020

2. Principal Place of Business

6825 SW 128 Place

3. Mailing Address

6825 SW 128 Pl.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FLORIDA

MIAMI, FLORIDA

4. FEI Number

65-0424498

Applied For

Not Applicable

Zip

Country

Zip

Country

33183-2419

DADE

33183-2419

DADE

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

DOLENCE, JOSEPH D
15330 SW 306 ST.
HOMESTEAD FL 33033

Name

JOSEPH D. DOLENCE

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

6825 SW 128 Place

City

MIAMI

FL

Zip Code

33183-2419

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

Fr. Joseph D. Dolence

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/6/00

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 PD
NAME LIMA, ORLANDO H
STREET ADDRESS 9510 SW 39TH ST
CITY-ST-ZIP MIAMI FL 33165 ☒ Delete

TITLE PD
NAME LIMA, ORLANDO H.
STREET ADDRESS 6825 SW 128 Place
CITY-ST-ZIP MIAMI, FL 33183-2419 ☒ Change ☐ Addition

TITLE TD
NAME DOLENCE, JOSEPH D
STREET ADDRESS 15330 SW 306 ST.
CITY-ST-ZIP HOMESTEAD FL 33033 ☒ Delete

TITLE TD
NAME dolence, joseph d.
STREET ADDRESS 6825 SW 128 Place
CITY-ST-ZIP MIAMI, FL 33183-2419 ☒ Change ☐ Addition

TITLE SD
NAME ACEVEDO, YOLANDA G
STREET ADDRESS 7019 SW 13ST
CITY-ST-ZIP MIAMI FL 33144 ☒ Delete

TITLE SD
NAME ACEVEDO, YOLANDA G.
STREET ADDRESS 9510 SW 39 St.
CITY-ST-ZIP MIAMI, FL 33165 ☒ Change ☐ Addition

TITLE TD
NAME SURLI, JULIO A
STREET ADDRESS 4631 SW 11ST
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE TD
NAME SURLI, JULIO A.
STREET ADDRESS 110 Phoenitia Ave
CITY-ST-ZIP CORAL GABLES, FL 33134 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Dr. SIGMUND H. REINALDO *Orlando H. Lima*

6/2/00 305-752-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #