

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005093

1. Entity Name

THE FRATERNITY OF THE LORD OF MIRACLES, INC.

Principal Place of Business

Mailing Address

236 SOUTH WASHINGTON DRIVE
SARASOTA FL 34236

236 SOUTH WASHINGTON DRIVE
SARASOTA FL 34236-1721

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

65-0671728

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

Name

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

City

FL

Zip Code

SABA, RICHARD D
2033 MAIN STREET #303
SARASOTA FL 34237

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 D ☒ Delete
NAME CARLSTROM, IRASEMA
STREET ADDRESS 236 SOUTH WASHINGTON DRIVE
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ Delete
NAME PACHERRES, ALFREDO
STREET ADDRESS 5712 31ST COURT EAST
CITY-ST-ZIP BRADENTON FL 34203

TITLE D ☐ Delete
NAME DEL AGUILA, JHENNY
STREET ADDRESS 236 SOUTH WASHINGTON DRIVE
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☐ Delete
NAME DEL AGUILA, GREYS
STREET ADDRESS 236 SOUTH WASHINGTON DRIVE
CITY-ST-ZIP SARASOTA FL 34236

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐
NAME
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CITY-ST-ZIP

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

TITLE ☐ Change ☐
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:

Richard D. Saba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90043 042 ****61.25

L0004103



DO NOT WRITE IN THIS SPACE

1-5-00 388-4408