


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

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90144 024 ****61.25

DOCUMENT # N98000000299

1. Entity Name
THE MOST SACRED HEART FOUNDATION, INC.



Principal Place of Business Mailing Address

**7101 BISCAYNE BLVD
STE 211
MIAMI FL 33138** **7101 BISCAYNE BLVD
STE 211
MIAMI FL 33138**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0811946** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCGRORTY, RANDOLPH P
1001 7TH ST #204
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
850 NE 71st Street

City **Miami** FL Zip Code **33138**

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	MEZADIEU, MYRIAM	
STREET ADDRESS	8501 NE 3RD AVE	
CITY-ST-ZIP	EL PORTAL FL 33138	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCGRORTY, RANDOLPH P	
STREET ADDRESS	1001 7TH ST #204	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOISE, MARIE C	
STREET ADDRESS	9126 SW 123RD CT. STREET	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	IGBOELUSI, PROVIDENTIA	
STREET ADDRESS	8501 NE 3RD AVE	
CITY-ST-ZIP	EL PORTAL FL 33138	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MADDEN, THOMAS A FR	
STREET ADDRESS	118 N.E. 2ND STREET	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	850 NE 71st Street	
CITY-ST-ZIP	Miami, Florida 33138	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 information.

SIGNATURE: 

1/23/2003 305

CR2E037 (10/02)