

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000000570**

1. Entity Name

ST. VICTOR'S CHILDREN FOUNDATION, INC.

Principal Place of Business

Mailing Address

**1300 N.W. 98TH TERRACE
MIAMI FL 33147****1300 N.W. 98TH TERRACE
MIAMI FL 33147**

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

65-0892569

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

**WIGGS, BETTYE B
1300 N.W. 98TH TERRACE
MIAMI FL 33147**

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.

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 \$61.259. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WIGGS, BETTYE B
1300 N.W. 98TH TERRACE
MIAMI FL 33147** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
BAKER, TAMMY
13601 N.W. 24TH AVENUE, #48
MIAMI FL 33054** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MOMPLAISIR, STEPHANIE E R
20180 N.W. 14TH COURT
MIAMI FL 33169** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ST. VICTOR, JOSEPH
1811 ALCAZAR DRIVE
MIRAMAR FL 33023** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

Bettye Brown Wiggs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**March 15, 2002 (305) 693-2736**
Date Daytime Phone #**FILED
Apr 03, 2002 8:00 am
Secretary of State**

04-03-2002 90183 028 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)