

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-09-2000 90141 042 ****70.00

DOCUMENT # N99000001405

1. Entity Name

BARRY UNIVERSITY SCHOOL OF LAW, INC.

Principal Place of Business

11300 N.E. 2ND AVE.
 MIAMI SHORES FL 33161

Mailing Address

11300 N.E. 2ND AVE.
 MIAMI SHORES FL 33161-6620

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

65-0899586

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

~~BURT FRANK~~
~~777 BRICKELL AVE., STE. 500~~
~~MIAMI FL 33131~~

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 \$61.25**

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	D	<input type="checkbox"/> Delete
NAME	CZERNIEC, TIMOTHY H	
STREET ADDRESS	1430 MESSINA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, J. PATRICK	
STREET ADDRESS	1341 N.E. 103 ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	MODICA, CHARLES R J.D.	
STREET ADDRESS	454 S. BEACH RD.	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAREN FREI, SISTER JOHN	
STREET ADDRESS	BARRY UNIVERSITY 11300 N.E. 2ND AVE.	
CITY-ST-ZIP	MIAMI SHORES FL 33161	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBERG, DONALD S	
STREET ADDRESS	1 S.E. 3RD AVE., STE. 3050	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'LAUGHLIN, SISTER JEANNE OP	
STREET ADDRESS	4745 PINE TREE DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33140	

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		
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Senior Vice President Business and
 Finance
 05-01-00 (305)899-3050

Date

Daytime Phone #

CR2E037 (9/99)