

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90119 014 ****70.00

DOCUMENT # N99000001604

1. Entity Name

ARCHDIOCESE OF MIAMI, INC.

Principal Place of Business

**9401 BISCAYNE BOULEVARD
 MIAMI FL 33138**

Mailing Address

**9401 BISCAYNE BOULEVARD
 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

4. FEI Number

65-0909504

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**J. PATRICK FITZGERALD, ESQUIRE
 110 MERRICK WAY
 SUITE 3-B
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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TITLE NAME	STREET ADDRESS CITY-ST-ZIP	TITLE NAME	STREET ADDRESS CITY-ST-ZIP
PD FAVALORA, JOHN C REV.	9401 BISCAYNE BOULEVARD MIAMI FL 33138		
VD HENNESSEY, WILLIAM J REV.	9401 BISCAYNE BOULEVARD MIAMI FL 33138		
TD VAUGHAN, JOHN J REV.	9401 BISCAYNE BOULEVARD MIAMI FL 33138		
SD MARIN, TOMAS M REV.	9401 BISCAYNE BOULEVARD MIAMI FL 33138		

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 I'm empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *305-757-6241*
 Daytime Phone #

CR2E037 (10/00)