


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

04-30-2003 90135 006 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081712
 1. Entity Name
 ST. MARY'S SCHOOL OF MEDICINE FOUNDATION, INC.



DO NOT WRITE IN THIS SPACE

11029745

2. Principal Place of Business 20533 Biscayne Blvd. Suite, Apt # etc Box #1315 City & State Aventura, Florida Zip 33180 Country U.S.		3. Mailing Address 20533 Biscayne Blvd. Suite, Apt # etc Box #1315 City & State Aventura, Florida Zip 33180 Country U.S.	
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4. FEI Number 65-1035809
 5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
 Name Singer, Bernard A.
 Street Address (P.O. Box Number is Not Acceptable) 3107 Stirling Road, Suite #105
 City Fort Lauderdale FL Zip Code 33312

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Hubbart, Dwane 20533 Biscayne Blvd. Aventura, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Govender, Kamani 20533 Biscayne Blvd. Aventura, FL 33180	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kamani Govender* KAMANI GOVENDER + 04/22/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CORP-UBR (7-002)