2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000087629

1. Entity Name

FARAH, CARLOS M

SUITE 625

(See criteria on back)

11.

TITLE

NAME

TITI F

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TATLE

NAME

TITLE

NAME

CITY-ST-ZIP TITLE

C/TY-ST-ZIP

999 PONCE DE LEON BLVD

CORAL GABLES FL 33134

9. This corporation is eligible to satisfy its Intangible

MARCINO, FRANCESCO

PREATO DE MARCINO, ANALIA

2600 SW 3RD AVE

2600 SW 3RD AVE

MIAMI FL 33129

MIAMI FL 33129

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable.

OFFICERS AND DIRECTORS

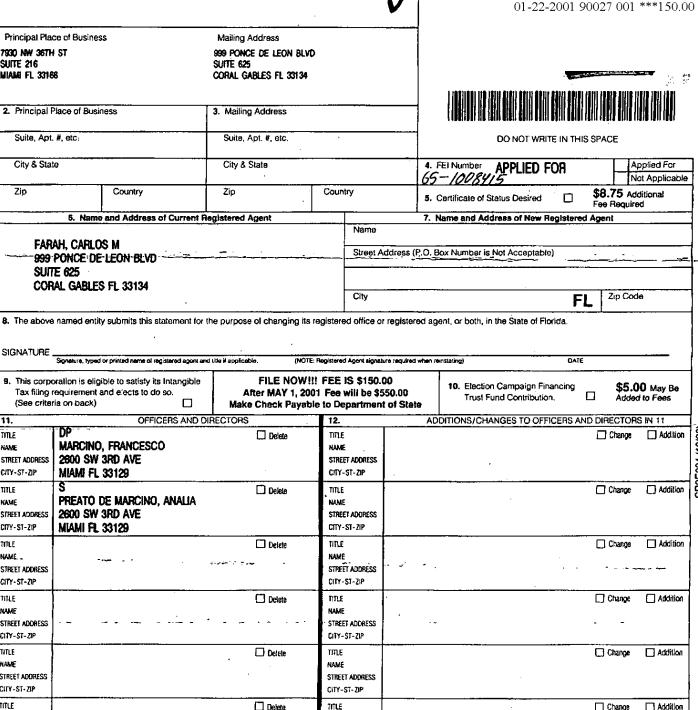
INTERNATIONAL CATHOLIC CENTER FOR PILGRIMAGES, I

Principal Place of Business Mailing Address 7930 NW 36TH ST 999 PONCE DE LEON BLVD SUITE 216 SUITE 625 MIAMI FL 33166 **CORAL GABLES FL 33134** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc: Suite, Apt. #, etc. City & State City & State Zip 5. Name and Address of Current Registered Agent

1/22/01

FILED Feb 15, 2001 8:00 am **Secretary of State**

01-22-2001 90027 001 ***150.00



13. I hereby certify that the information supplied with this fliing 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 11 or Block 12 if changed, or on an attachment with an address

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

NAME STREET ADDRESS

TITI F

TITLE

NAME

TITLE

TIME

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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SIGNATURE:

MARCINO, PHANOESCO 1-10-01 305