

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90407 035 ***158.75

DOCUMENT # P95.000094189 ✓
1. Entity Name
 6484 INDIAN CREEK DRIVE, INC.

Principal Place of Business 11300 NE SECOND AVE
 MIAMI SHORES, FL 33161
Mailing Address 11300 NE SECOND AVE
 MIAMI SHORES, FL 33161

00054856

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0669852
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 ROSENBERG, DONALD S
 ONE S.E. THIRD AVE.
 SUITE 2600
 MIAMI FL 33131

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	O'LAUGHLIN, SISTER JEANNE OP	
STREET ADDRESS	11300 N.E. SECOND AVE.	
CITY-ST-ZIP	MIAMI SHORES, FL 33161	
TITLE	VD	☐ Delete
NAME	LEE, J. PATRICK	
STREET ADDRESS	11300 N.E. SECOND AVE.	
CITY-ST-ZIP	MIAMI SHORES, FL 33161	
TITLE	TD	☐ Delete
NAME	CZERNIEC, TIMOTHY H	
STREET ADDRESS	11300 NE SECOND AVE.	
CITY-ST-ZIP	MIAMI SHORES, FL 33161	
TITLE	SD	☐ Delete
NAME	FREI, SIS. JOHN KAREN OP	
STREET ADDRESS	11300 NE SECOND AVE	
CITY-ST-ZIP	MIAMI SHORES, FL 33161	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: Timothy H. Czerniec **Senior Vice President for Business and Finance**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date 05-01-01 Daytime Phone # (305) 899-3050

CR2E034 (1/00)