

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90148 032 \*\*\*158.75

**DOCUMENT # P95000094189**

1. Entity Name  
**6484 INDIAN CREEK DRIVE, INC.**



Principal Place of Business  
**11300 N.E. SECOND AVE.  
MIAMI SHORES FL 33161**

Mailing Address  
**11300 N.E. SECOND AVE.  
MIAMI SHORES FL 33161**

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 **65-0669852**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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	PD	<input type="checkbox"/> Delete
NAME	O'LAUGHLIN, SISTER JEANNE OP	
STREET ADDRESS	11300 N.E. SECOND AVE.	
CITY-ST-ZIP	MIAMI SHORES FL 33161	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEE, J. PATRICK	
STREET ADDRESS	11300 N.E. SECOND AVE.	
CITY-ST-ZIP	MIAMI SHORES FL 33161	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CZERNIEC, TIMOTHY H.	
STREET ADDRESS	11300 N.E. SECOND AVE.	
CITY-ST-ZIP	MIAMI SHORES FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREI, SIS. JOHN KARE OP	
STREET ADDRESS	11300 N.E. SECOND AVE.	
CITY-ST-ZIP	MIAMI SHORES FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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 607, 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 information.

**SIGNATURE: Timothy H. Czerniec, Senior V.P. Business & Finance & Treasurer** 01/16/03 (305) 899-3050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)