

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90162 036 ****61.25

DOCUMENT # 715290

1. Entity Name

EDISON CENTER INTERNATIONAL FREE AND ACCEPTED MODERN MASONS AND EASTERN STARS, INCORPORATED

Principal Place of Business

Mailing Address

**5598 N W 7TH AVE
 MIAMI FL 33127
 US**

**3011 N.W. 171ST STREET
 MIAMI FL 33056**

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

23-0809780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMONS, FRANCES
 3125 N W 42ND STREET
 MIAMI FL 33142**

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

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

TITLE ☐ Delete
 NAME **PD HAMILTON, THOMAS H.**
 STREET ADDRESS **3011 NW 171ST STREET**
 CITY-ST-ZIP **MIAMI FL 33055**

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

TITLE ☐ Delete
 NAME **D DAVIS, S. T.**
 STREET ADDRESS **9111 LITTLE RIVER BLVD**
 CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ Delete
 NAME **D MINCY, CHARLIE M.**
 STREET ADDRESS **20931 N.W. 34TH COURT**
 CITY-ST-ZIP **CAROL CITY FL 33055**

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

TITLE ☐ Delete
 NAME **D PITTS, MINNETTE E**
 STREET ADDRESS **3720 S.W. 52ND AVENUE #107**
 CITY-ST-ZIP **PEMBROKE PARK FL 33023**

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

TITLE ☐ Delete
 NAME **VD NELSON, RONALD**
 STREET ADDRESS **P. O. BOX 552330 N/A**
 CITY-ST-ZIP **CAROL CITY FL 33055**

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

TITLE ☐ Delete
 NAME **D SIMMONS, FRANCES**
 STREET ADDRESS **3125 N.W. 42ND STREET**
 CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ 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 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 like empowered.

SIGNATURE:

THOMAS HAMILTON
 SIGNATURE REQUIRED

Thomas Hamilton
 306 751 4549
 2-5-02

CR2E037 (9/01)