

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 721858

1. Entity Name

MAHI SHRINE HOLDING CORPORATION

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90039 017 ****61.25

Principal Place of Business

1480 N.W.N. RIVER DR.
P.O. BOX 351087
MIAMI FL 33135

Mailing Address

1480 N.W.N. RIVER DR.
P.O. BOX 351087
MIAMI FL 33135-7087

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

59-0723334

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, ROBERT J
1480 NW NORTH RIVER DR
MIAMI FL 33125

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

Robert J Alexander

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

TITLE	CSD	<input type="checkbox"/> Delete
NAME	ALEXANDER, ROBERT J.	
STREET ADDRESS	1480 NW NORTH RIVER DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	CSD	<input type="checkbox"/> Delete
NAME	ALEXANDER, ROBERT J	
STREET ADDRESS	1480 NW NORTH RIVER DR	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNN, RICHARD E	
STREET ADDRESS	6250 SW 117 TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KOPFLOW, RONALD	
STREET ADDRESS	1950 SW 27TH AVE	
CITY-ST-ZIP	MIAMI FL 44	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MITCH, GEORGE	
STREET ADDRESS	8905 SW 75TH STREET	
CITY-ST-ZIP	MIAMI FL 38	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNN, RICHARD E	
STREET ADDRESS	6250 SW 117 TERRACE	
CITY-ST-ZIP	MIAMI FL 33156	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CSD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, ROBERT J.	
STREET ADDRESS	1480 NW NORTH RIVER DRIVE	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, RICHARD E	
STREET ADDRESS	6250 SW 117 TERR	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHURETTE, JOSEPH	
STREET ADDRESS	2721 SW 117 AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33330	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPFLOW, RONALD	
STREET ADDRESS	1950 SW 27 AVE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLSEN, MILTON	
STREET ADDRESS	3924 NW 20 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ROBERT	
STREET ADDRESS	5512 ROOSEVELT ST.	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	

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:

Robert J Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)