## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 721858**

1. Entity Name

## MAHI SHRINE HOLDING CORPORATION

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business 3. Mailing Address

**FILED** Mar 12, 2001 8:00 am Secretary of State

03-12-2001 90479 001 \*\*\*\*70.00

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Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Numbe	1 Number 59-0723334			oplied For ot Applicable	
Zip Country			Zip	Country		-5Certificate	of Status Desired	3\$6	8.75 Add	ditional	
	7. Name and Address of New Registered Agent										
ALEXAND	Name Newman, Paul E. Street Address (P.O. Box Number is Not Acceptable) 04 82 NW 37th Ave										
J	NORTH RIV				04 02 NW 3/th Ave						
MIAMI FL				{							
1710 0111 7 2 30 120			<i>Y</i>	City	Cittoconut Creek FL 33673						
D. The shave											
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:			9. Election Campaign F		\$5.0	May Be to Fees	Make Ct	Make Check Payable to			
FEE IS \$61.25			Trust Fund Contribut	ion.	Added	to Fees	Depart	tment of	i State	i	
40		OCEIOEBO AND DIB	07000		ADDITIONS/CHANGES TO OFFICERS AND			NO DIE	OTO 00 IN		
10.	CSD	OFFICERS AND DIRE	<del></del>	11.		UDITIONS/CH	ANGES TO OFFICERS A				
TITLE NAME		er, robert J.	☐ Delete	TITLE NAME	019	sen, MI	lton O.	£	Change	☐ Addition	
STREET ADDRESS		NORTH RIVER DR		STREET ADDRESS	1			D1 #	106		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			Miramar, Fl 33025-0730				
TITLE	CSD	30120	□ Delete	TITLE			<u> </u>		Change	☐ Addition	
NAME		er, robert j	B0,000	NAME	Net	aman P	anl E.	A			
STREET ADDRESS	1480 NW	NORTH RIVER DR	ئا و الحد الاستان الاس المنافقة المنافقة ا	STREET ADDRESS	Newman, Paul E. 6482 NW 37 Ave						
CITY-ST-ZIP	MIAMI FL	33125		CITY-ST-ZIP	l .		reek, Fl 330	73-2	028	,	
TITLE	T		☐ Delete	TITLE					] Change	Addition	
NAME	LYNN, RIC			NAME	Voi	ight, Pa	aul C.			j	
STREET ADDRESS	6250 SW			STREET ADDRÉSS		12 SE Jackson Ave				j	
CITY-ST-ZIP	MIAMI FL	33156		CITY-ST-ZIP	Sti	art, F	1 34997-584				
TITLE	VD	/ DOMA! D	☐ Delete	TITLE	]   w : 1 1				Change	X Addition	
NAME OTREET ADORESO		, RONALD		NAME		Ler,Rob				ł	
STREET ADDRESS CITY-ST-ZIP		27TH AVE		STREET ADDRESS CITY-ST-ZIP	ſ		velt Street				
	MIAMI FL TD	33145			HOT	ywood,	F1 33021-				
title Name	MITCH, G	EUBGE	☐ Delete	TITLE NAME	 	tes, Jo	• •	L	] Change	Addition	
STREET ADDRESS		75TH STREET		STREET ADDRESS			66 Street			(	
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			rida 33187-	.1422			
TITLE	T		Delete	TITLE	uran	<u> </u>	<u> </u>		Change	Addition	
NAME	LYNN, RIC	CHARD E	LJ DOING	NAME	Mita	h, Geor	rae.	2	,		
STREET ADDRESS		117 TERRACE		STREET ADDRESS		SW 75				ł	
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP						l	
12. I hereby contify that the information cumplied with this filling does not muclify for the parameters stated in Section 110 07(0)(). Finish Shut the Lifether position to the section of the section o											

r mereby certify that the information supplied with this filling 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: