

# 2000 UNIFORM BUSINESS REPORT (UBR)

2.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**  
 02-05-2000 90038 010 \*\*\*\*61.25

**DOCUMENT # 766149**

1. Entity Name

**GRAND LODGE OF FREE MASONS OF THE ANTILLES INC**

Principal Place of Business

1883 S.W. 1ST STREET, FIRST FLOOR  
 MIAMI FL 33135

Mailing Address

1883 S.W. 1ST STREET, FIRST FLOOR  
 MIAMI FL 33135-1937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1981904**

Applied For

Not Applied For

Zip

Country

Zip

Country

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

**BENITEZ, JUAN**  
**5030 SW 115 AVENUE**  
**MIAMI FL 33165**

Name

Street Address (P.O. Box Number is Not Acceptable)

**8001 SW 24 ST**

City

**MIAMI**

**FL**

Zip Code

**33155**

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

**JUAN M. BENITEZ**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**04-10-01**

**FILE NOW:**  
**FEES 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 **PD** ☐ Delete  
 NAME **RIVERO, LAZARO**  
 STREET ADDRESS **2518 SW 17 ST.**  
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE **SD** ☐ Delete  
 NAME **MARTINEZ, HECTOR**  
 STREET ADDRESS **7385 SW 34 ST**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **TD** ☐ Delete  
 NAME **SAN ROMAN, MANUEL**  
 STREET ADDRESS **4311 SW 97 PLACE**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Manuel San Roman** 3/10/00