

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90152 001 ****70.00

DOCUMENT # 756713

1. Entity Name

GRAN LOGIA DE LA FLORIDA, ORDEN CABALLERO DE LA

Principal Place of Business

**1701-1703 N.W. 17TH AVENIDIA
 MIAMI FL 33125**

Mailing Address

**1701-1703 N.W. 17TH AVENIDIA
 MIAMI FL 33125**

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

59-1577006

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

**CORDOVA, SILVIO
 14280 SW 23 ST
 MIAMI FL 33175**

Name

SILVILIO PASTOR PEREA

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

620 S.W. 62 Ct.

City

MIAMI

FL

Zip Code

33144

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

Silvilio Pastor Perea Treasurer 02/01/01

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 RAMIREZ, ALBERTO J
 1601 NW 36 AVE
 MIAMI FL 33125** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D. SILVIO CORDOVA
 14280 S.W. 23 St.
 Miami Fl. 33175** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 GUTIERREZ, ALEJANDRO
 4346 CREST DELE ST
 PALM BEACH FL 33410** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V.D. JULIAN ASION
 269 Palm Ave.
 Miami Beach Fl. 33139** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 RAMIREZ, OLGA N
 1601 NW 36 AVE
 MIAMI FL 33125** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S. OLGA NANCY RAMIREZ
 1601 N.W. 36 Ave.
 Miami Fl. 33125** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T
 SILVIO, CORDOVA
 14690 SW 49TH ST
 MIAMI FL 33175** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**T. SIVILIO P. PEREA
 620 S.W. 62 Ct.
 Miami Fl. 33144** ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 PEREZ, JUAN F
 5325 NE 1ST TERRACE
 FT LAUDERDALE FL 33155** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**P.D. ALBERTO J. RAMIREZ
 1601 N.W. 36 Ave.
 Miami Fl. 33125** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**V
 FERNANDEZ, GLADYS
 8310 SW 37TH ST
 MIAMI FL 33155** ☒ Delete

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

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

02/01/01 305-266-2027

Date

Daytime Phone #

CR2E037 (10/00)