

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 714589**

1. Entity Name

TRUSTEES OF ATLAS LODGE NO. 308, I.B.P.O.E. OF W

Principal Place of Business

**4949 NW 7TH AVENUE
MIAMI FL 33127**

Mailing Address

**P.O. BOX 510308
EDISON CENTER STATION
MIAMI FL 33151**

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

59-1439512

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

**TAYLOR, ALPHONSO S
17320 N.W. 22ND AVENUE
MIAMI FL 33056**

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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|---------------------------------|--|---|
| D BERNARD, STUART 1245 NW 99 ST. MIAMI FL 33147 | <input type="checkbox"/> | | <input type="checkbox"/> |
| T MOSS, JAMES M 1357 NW 70 ST MIAMI FL 33147 | <input type="checkbox"/> | | <input type="checkbox"/> |
| T PRIME, CARL 141 FLA AVE MIAMI FL 33133 | <input type="checkbox"/> | | <input type="checkbox"/> |
| S TAYLOR, ALPHONSO 17320 NW 22 AVE MIAMI FL 33056 | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |
| | <input type="checkbox"/> | | <input type="checkbox"/> |

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: *Alphonso S. Taylor*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-2001 (305-625-9954)

DO NOT WRITE IN THIS SPACE

0001063

CR2E037 (10/00)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90004 041 *****70.00