

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 714589

1. Entity Name

TRUSTEES OF ATLAS LODGE NO. 308, I.B.P.O.E. OF W
AND TRUSTEES OF ANTLERS TEMPLE NO. 39 I.B.P.O.

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90327 014 ****70.00

Principal Place of Business

Mailing Address

4949 NW 7TH AVENUE
MIAMI FL 33127

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.

Dr

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 D ☐ Delete
NAME BERNARD, STUART
STREET ADDRESS 1245 NW 99 ST.
CITY-ST-ZIP MIAMI FL 33147

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

TITLE T ☐ Delete
NAME MOSS, JAMES M
STREET ADDRESS 1357 NW 70 ST
CITY-ST-ZIP MIAMI FL 33147

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

TITLE T ☐ Delete
NAME PRIME, CARL
STREET ADDRESS 141 FLA AVE
CITY-ST-ZIP MIAMI FL 33133

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

TITLE S ☐ Delete
NAME TAYLOR, ALPHONSO
STREET ADDRESS 17320 NW 22 AVE
CITY-ST-ZIP MIAMI FL 33056

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April-11-02 (305)-625-9954

Date

Daytime Phone #

CR2E037 (9/01)