

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State
 03-10-2000 90039 031 ****61.25

DOCUMENT # 722251

1. Entity Name

NORTH MIAMI ELKS LODGE 1835, INC.

Principal Place of Business

Mailing Address

12495 NE 2ND AVENUE
 NORTH MIAMI FL 33161

12495 NE 2ND AVENUE
 NORTH MIAMI FL 33161-5336

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0678389

Applied For

Not Applicable

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

DELUCCA, ANTHONY J, SR
14370 NE 4TH AVE
MIAMI FL 33161

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	PD	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, JOSEPH	
STREET ADDRESS	1000 NW 150 ST.	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WHITE, JAMES E	
STREET ADDRESS	12495 NE 2ND AVE	
CITY-ST-ZIP	NORTH MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ORTIZ, NICOLAS	
STREET ADDRESS	110 NE 135 ST	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PALM, JULIE	
STREET ADDRESS	1220 NE 153 ST	
CITY-ST-ZIP	NO MIAMI BEACH FL 33162	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	DELUCCA, ANTHONY J SR.	
STREET ADDRESS	12495 N.E. 2ND AVE.	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PETERSON, RICHARD	
STREET ADDRESS	13504 NE 23 CRT	
CITY-ST-ZIP	MIAMI FL 33181	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Teachman	
STREET ADDRESS	12495 NE 2 Ave	
CITY-ST-ZIP	NO Mia, FL 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Peterson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000

Date

305-681-5151

Daytime Phone #

CR2E037 (9/99)

C0035520



DO NOT WRITE IN THIS SPACE