2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 724349

1. Entity Name

I.O.O.F. TEMPLE, INC.



FILED Feb 28, 2003 8:00 am § Secretary of State

02-28-2003 90126 039 ****66.25

Principal Pla					_			
	ce of Business	Mailing Address]			
2200 NE 33RD) AVE	C/O A GREENHAUS				31	_	
C/O GREENHA		2200 NE 33RD AVE 4				2	Ť. *	
FORT LAUDER	RDALE FL 33305	ft. Lauderdale fl us	33305		1 18 8 311 18 8 18 11 1	ນ ສາໃສ່ຄົນ ເພີ່ນີ້ ເປີຍີ່ເພັ່ນ ເຄ	iù mau nita man man	01811 R1811 (180)
O Delaniani	Diana of Division							
2. Principal i	Place of Business	3. Mailing Address						
Suite, Apt	: # etc	Suite, Apt. #, etc			_			
Julie, Apt	<i>n</i> , 610.	Suite, Apt. #, etc	•			CHECK HERE IF	MAKING CHANG	GES
City & Sta	ite	City & State			4. FEI Number 59	£1/2229		Applied For
•		,				0143220		Not Applicable
Zip	Country	Zip	Cor	untry	5.0-455-4-50		- \$8.75	Additional
					5. Certificate of Sta	atus Desired	Fee Req	
	6. Name and Address of Curr	ent Registered Agent			7. Name and Add	ress of New Rec	gistered Agent	
			مبوسي مسربين ويبران المعايد	Name	ورادان والمادان المادان المادا			
	AUS, ALBERT			Street Address	s (P.O. Box Number is N	lot Accentable)		
#8-K 220	00 N.E. 33RD AVE.			on out 7 lad 100	o (1.0. Box Hamber 10.1			
FT. LAUD	Derdale FL 33305							
				City ~			□ Zin (Code
				J.i.y			FL Zip (5000
8. The above	e named entity submits this statemer	nt for the purpose of changi	ng its register	ed office or reaist	tered agent, or both, in t	he State of Florid	da. I am familiar w	ith, and accept
				_				
	tions of registered agent.			J	-	•		
	tions of registered agent.			J	-	•		
the obliga	· ·	gent and title if applicable.	(NOTE: Registere	ed Agent signature requi	ired when reinstating)		DATE	
the obliga				od Agent signature requi	-	· 		
the obliga		9. Electio	n Campaign F	ed Agent signature requi	\$5.00 May Be		e Check Payat	
the obliga	Signature, typed or printed name of registered a	9. Electio		ed Agent signature requi	-			
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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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

D

GARCIA, LUIS

4708 NW 58TH ST

YOUNG, GEORGE

SUNRISE FL 33322

9380 SUNRISE LKS BLVD

TAMARAC FL 33319

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ALBERTAGREENHAUS

☐ Delete

Delete

2/12/03

954--564--5184

☐ Change

☐ Change

Addition

Addition