DOCUM	UNIFORM BUS ENT # 725075	FILED Jan 15, 2002 8:00 am				0071089			
1. Entity Name					II	retary of		2	
HIALEAH L	ODGE NO 1074, LOYAL	ORDER OF MOOSE IN	IC		01-1:	5-2002 90038 004	****61.25		
Principal Place of	f Business	Mailing Address							
305 E 32ND ST HIALEAH FL 33013 US		305 E 32ND ST HIALEAH FL 33013 US							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, 6	etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number 59	H0621925	<u> </u>	plied For t Applicable	}
Zip	Country	Zip		intry	5. Certificate of Sta	atus Desired	\$8.75 Add	litional	ĺ
	6.~Name and Address of Curre	nt Registered Agent	<u>. </u>		7. Name and Add	ess of New Registere	<u>_</u>	-	1
LARGEN, RAN 13237 SW 43 MIAMI FL 331 8. The survive nar	BRD LANE 175	for the purpose of changing its	registere	Street Address (P.O. Box Number is Not Acceptable) TALLAHASSS FL 323// City FL Zip Code red office or registered agent, or both, in the state of Florida.					
SIGNATURE	ature, world of power name of agistured ag	ent and title if applicable. (NOT	E: Registere	d Agent signature requ	ired when reinstating)	DATE			
FIL	E NOW: FEE IS \$61.25	9. Election Ca Trust Fund (\$5.00 May Be Added to Fees		ck Payable ent of State		
10.	OFFICERS AND	DIRECTORS	11.	···-	ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10	١
STREET ADDRESS 13	D Argen, raymond e 3237 SW 43RD Lane IAMI FL 33175-3938	☐ Delete					☐ Change	Addition	CR2E037 (9/01)
TITLE TE NAME CA STREET ADDRESS 61		☐ Delete		- 1			Change	Addition	CR
TITLE RY NAME STREET ADDRESS 65		Delete	TITLE NAMI STRE	E JO ET ADDRESS J 3	PESIDENT- HN W. F I WEST S ALEAH FL	OPOVICH 19 ST.	☐ Change	Addition	
TITLE PP NAME HE STREET ADDRESS 12		▼ Delete		ET ADDRESS 10	CE PRES OYD L. T. 83 EAST OLEAH FL	DIRECTO PLAR TR. 23 ST.	C □ Change	Addition	

33013 12. Thereby 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 suppliemental 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 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 attack part with an address. The state of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the corporation or the receiver of the corporation or the receiver of the corporation of the corp

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

REID, JAMES R

560 EAST 53 ST

HIALEAH FL 33013

*P*D>

810 SE 6TH AVENUE HIALEAH FL 33010-6501

FLEISHER, LAWRENCE S

TITLE

NAME

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Delete

☐ Delete

1-1-2002 (305) 888-8825

Change

Addition