
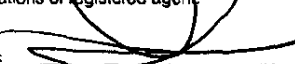
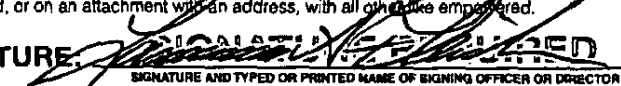


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2003 8:00 am
Secretary of State

04-24-2003 90138 011 ****61.25

| | | | | | |
|---|------------------------------|---|--|---|--|
| DOCUMENT # 725075 | | | |  | |
| 1. Entity Name HIALEAH LODGE NO 1074, LOYAL ORDER OF MOOSE INC | | | | | |
| Principal Place of Business 306 E 32ND ST HIALEAH FL 33013 US | | Mailing Address 306 E 32ND ST HIALEAH FL 33013 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-0621925 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC 3953 W KELLY RD TALLAHASSEE FL 32311 | | | 7. Name and Address of New Registered Agent Name: G.T. CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD City: PLANTATION FL Zip Code: 33324 | | |
| 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. I am familiar with, and accept the obligations of registered agent. PETER F. SOUZA ASSISTANT SECRETARY SIGNATURE:  DATE: 5/20/03 | | | | | |
| FILE NOW: FEE IS \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | PPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LARGEN, RAYMOND E | | NAME | ROBERT L. HEATON | |
| STREET ADDRESS | 13237 SW 43RD LANE | | STREET ADDRESS | 6051 N.W. 40 TERR. | |
| CITY-ST-ZIP | MIAMI FL 33175-3938 | | CITY-ST-ZIP | VIRGINIA GARDENS, FL 33166 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete | TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CANERO, RAYMOND P | | NAME | ROBERT W. WILLIAMS, JR | |
| STREET ADDRESS | 610 W 64TH DRIVE | | STREET ADDRESS | 333 E. 45 ST | |
| CITY-ST-ZIP | HIALEAH FL 33101 | | CITY-ST-ZIP | HIALEAH, FL 33013-1827 | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | POPOVICH, JOHN W | | NAME | MICHAEL L. MULLANEY | |
| STREET ADDRESS | 131 WEST 59 ST | | STREET ADDRESS | 740 W. 75 ST | |
| CITY-ST-ZIP | HIALEAH FL 33012-2628 | | CITY-ST-ZIP | HIALEAH FL 33014 | |
| TITLE | VPD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOLAR, FLOYD L | | NAME | | |
| STREET ADDRESS | 1083 EAST 23 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH FL 33013 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REID, JAMES R | | NAME | | |
| STREET ADDRESS | 610 SE 6TH AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH FL 33010-6501 | | CITY-ST-ZIP | | |
| TITLE | PPD PD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FLEISHER, LAWRENCE S | | NAME | | |
| STREET ADDRESS | 560 EAST 53 ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | HIALEAH FL 33013 | | 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:  | | | GOVERNOR 4/21/03 (305) 888-8825 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

55043968



CHECK HERE IF MAKING CHANGES

CR2037 (10/02)