

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725764

1. Entity Name

ASSOCIATION OF SCOTTISH RITE MASONS OF CUBA IN E

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90008 042 ****70.00

Principal Place of Business

3631 SW 6TH ST.
 MIAMI FL 33135-2520
 US

Mailing Address

3631 SW 6TH ST.
 MIAMI FL 33135-2520

661357



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2177798

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

BEAMUD, JOSE I
 3631 SW 6TH STREET
 MIAMI FL 33135

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

JOSE I. BEAMUD
 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 ☐ Delete
 NAME GONZALEZ, ROGELIO
 STREET ADDRESS 2729 W. 71ST PL
 CITY-ST-ZIP HIALEAH FL 33016

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

TITLE PD ☐ Delete
 NAME HERNANDEZ, MAHEO W
 STREET ADDRESS 9883 NW 51ST TERRACE
 CITY-ST-ZIP MIAMI FL 33178

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

TITLE SD ☐ Delete
 NAME GUSTAVO, PEREZ M
 STREET ADDRESS 600 W. 29TH ST.
 CITY-ST-ZIP HIALEAH FL 33010

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

TITLE VS ☐ Delete
 NAME JOSE E BELLO
 STREET ADDRESS 871 SCOTT DR.
 CITY-ST-ZIP WEST PALM BEACH FL

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

TITLE TD ☐ Delete
 NAME JOSE I BEAMUD
 STREET ADDRESS 3631 S W 6TH STREET
 CITY-ST-ZIP MIAMI FL

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

TITLE VT ☐ Delete
 NAME NICOLAS MAHY
 STREET ADDRESS 2237 W 53RD ROAD
 CITY-ST-ZIP HIALEAH FL

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 empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 443 8858

CR2E037 (9/99)