

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 725764

1. Entity Name

ASSOCIATION OF SCOTTISH RITE MASONS OF CUBA IN E

Principal Place of Business

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

Mailing Address

3631 SW 6TH ST.
MIAMI FL 33135

2. Principal Place of Business

600 W. 29th Street

3. Mailing Address

600 W. 29th Street

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Hialeah Florida

City & State

Hialeah Florida

4. FEI Number

59-2177798

Applied For

Not Applicable

Zip

33010

Country

USA

Zip

33010

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

GUSTAVO PEREZ M.

Street Address (P.O. Box Number is Not Acceptable)

600 West 29th Street

City

HIALEAH

FL

Zip Code

33010

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, ROGELIO 2729 W. 71ST PL HIALEAH FL 33016	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, MAHEO W 9883 NW 51ST TERRACE MIAMI FL 33178	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GUSTAVO, PEREZ M 600 W. 29TH ST. HIALEAH FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JOSE E BELLO 871 SCOTT DR. WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOSE I BEAMUD 3631 S W 6TH STREET MIAMI FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT NICOLAS MAHY 2237 W 53RD ROAD HIALEAH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NARANJO LUIS MANUEL 9145 NW. 36th Avenue Miami FL 33147	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ M. GUSTAVO 600 W. 29th ST. HIALEAH FL 33010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NICOLAS MAHY 2237 W. 53rd PL Hialeah FL. 33016	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* BEAMUD

4/4/01 (305) 992-8047

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90050 003 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)