

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90103 014 ****61.25

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1. Entity Name

**ASSOCIATION OF SCOTTISH RITE MASONS OF CUBA
IN EXILE INC**



Principal Place of Business

**600 W 29TH STREET
HIALEAH FL 33010
US**

Mailing Address

**600 W 29TH STREET
HIALEAH FL 33010
US**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2177798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PEREZ, GUSTAVO M
8228 SW 36 STREET
MIAMI FL 33155**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MORALES, WILL
STREET ADDRESS 1000 NW 80 CT., APT. 2450
CITY-ST-ZIP HIALEAH GARDENS FL 33016 ☒ Delete

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

TITLE TD
NAME MAHY, NICHOLAS
STREET ADDRESS 2237 W 53RD PLACE
CITY-ST-ZIP HIALEAH FL 33016 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MAMERTO CASARAS
STREET ADDRESS 9155 N.W 36th Ave
CITY-ST-ZIP MIAMI FLA 33147 ☐ Change ☐ Addition

TITLE SD
NAME GUSTAVO PEREZ M
STREET ADDRESS 8228 SW 36 ST
CITY-ST-ZIP MIAMI FLA 33155 ☐ Change ☐ Addition

TITLE TD
NAME NICHOLAS MAHY
STREET ADDRESS 2237 W 53 PLACE
CITY-ST-ZIP HIALEAH FL 33016 ☐ Change ☐ Addition

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

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

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

Gustavo Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-05
Date

786-586-9448
Daytime Phone #