2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am g Secretary of State **DOCUMENT # 738047** 05-16-2001 90404 011 ****61.25 NORTH MIAMI LODGE NO. 1656, LOYAL ORDER OF MOOSE Principal Place of Business Mailing Address D0054640 25 NORTHWEST 150TH ST. 25 NORTHWEST 150TH ST. NORTH MIAMI FL 33168 NORTH MIAMI FL 33168 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0938049 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 Zip Code City 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing . \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition M Delete TITI E RICHARO BRIGHAM NAME NAME OTIS. RICHARD 995 NE 160 TH ST STREET ADDRESS STREET ADDRESS 270 NE 200 TERR. CITY-ST-7IP CITY-ST-ZIP N MIAMI BCH FL 33179-2947 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STOREY, IRVING J. STREET ADDRESS STREET ADDRESS 91 NW 151 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 Change ☐ Addition TITLE Delete TITLE NAME NAME CHAUNCEY, CHRISTIE STREET ADDRESS STREET ADDRESS 9674 NW 10 AVE, STE E512 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33150 CARL- DYKYS ☐ Change Addition ☐ Delete TITLE CAPL DYKES CARL DYKES NAME 1101 NE 181 ST 84103 NAME 1101 NE 19151 A H103 STREET ADDRESS STREET ADDRESS MIAMI, FL 33/79- 4026 MIAMI, Fl 33179-4026 CITY-ST-ZIP CITY-ST-ZIP ☐ Change **X** Addition ☐ Delete TITLE NAME NAME 4Th Are STREET ADDRESS 13305 NG STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33161-3911 Addition ☐ Delete TITLE

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 eport 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 trystee 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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS