

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90197 008 ****66.25

DOCUMENT # 833824

1. Entity Name

**GRAND SPANISH LANGUAGE ORIENT OF ANCIENT AND ACC
EPTED SCOTTISH RITE FOR THE UNITED STATES OF AM**



Principal Place of Business

**% FRANK CALZADILLA
9615 SW 148 CT. "KENDAL"
MIAMI FL 33196-1642**

Mailing Address

**% FRANK CALZADILLA
9615 SW 148 CT. "KENDAL"
MIAMI FL 33196-1642**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **13-3160127**

Applied For

Not Applicable

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

**MEDINA, DANIEL
P. O. BOX 960683
3301 NW 3TH ST
MIAMI FL 33125**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
D FLORES, ARTURO 370 CENTRAL PK WEST #101 NEW YORK, N Y 10025	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Manuel Placencia
T ANGELO, MARTIN 88 HURD ST. MINEHILL NJ 03801	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Marcos A. Garmendia
P CALZADILLA, FRANK 9615 S.W.148 CT. MIAMI FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	N. Moreira
D CORDERO, ALBERTO 1919 SW 15TH AVE PH2 MIAMI FL 33125	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
D MEDINA, DANIEL 3301 N.W. THIRD STREET MIAMI FL 39125	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D CORDERO, ALBERTO 1919 NW 15TH AVE MIAMI FL 33125	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S. P. Sigler

CR2E037 (10/02)

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:

SICILIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03