

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90882 001 *1,653.75

DOCUMENT # C10246



1. Entity Name
**JOSE MARTI PEREZ LODGE NO. 371 FREE AND ACCEPTED
MASONS OF FLORIDA**

Principal Place of Business
**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202**

Mailing Address
**C/O ROY CONNOR SHEPPARD
220 OCEAN ST
JACKSONVILLE FL 32202**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1986906** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent
**SHEPPARD, ROY CONNOR
220 OCEAN ST
JACKSONVILLE FL 32202**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	SWD RUIZ, BOB 911 SW 8TH CT MIAMI FL 33130	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WMD FERRER, ALEJANDRO L 13501 NE 22ND CT MIAMI FL 33181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JWD ESCUDERO, GERMAN D 5720 HOOD STREET HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PADRON, PORFIRIO F 4335 S TAMIAMICANA DR MIAMI FL 33126	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOMINGUEZ, LUIS F 7530 SW 30TH TERR MIAMI FL 33155-2790	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR WARDEN (D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition German D Escudero 5720 HOOD ST HOLLYWOOD FL 33021	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUNIOR WARDEN (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Manuel Uribe 20401 N E 30TH AVE AVENTURA FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joaquin Francisco Maury 6441 S W 35TH ST MIAMI FL 33155	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gregorio V. Martinez 1832 W 72ND ST HIALEAH FL 33014	
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 REQUIRED *Joaquin Francisco Maury, Sec.* **03-08-03** **(786) 277-3287**

CR2E037 (10/02)