

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

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

01-13-2003 90082 023 ****61.25

DOCUMENT # N02000001923

1. Entity Name

NOBLE ORDER OF THE KNIGHTHOOD OF VASSY, INC.



Principal Place of Business

1172 S DIXIE HWY #329
CORAL GABLES FL 33146

Mailing Address

1172 S DIXIE HWY #329
CORAL GABLES FL 33146

2. Principal Place of Business

1172 S DIXIE
Suite, Apt. #, etc.
329

3. Mailing Address

1172 S. DIXIE
Suite, Apt. #, etc.
329

City & State

C. GABLES FL

City & State

C. GABLES FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

76 064 9283

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOSS, MARIAN
1172 S DIXIE HWY #329
CORAL GABLES FL 33146

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: P
NAME: VOSS, MARIAN (T.) ☐ Delete
STREET ADDRESS: 1172 S DIXIE HWY #329
CITY-ST-ZIP: CORAL GABLES FL 33146

TITLE: V
NAME: ROSENBLUM, ELISE K (D) ☐ Delete
STREET ADDRESS: 919 MONTEREY ST
CITY-ST-ZIP: CORAL GABLES FL 33133

TITLE: S
NAME: CARRALLERO-HADDAD, DUNIA (D) ☐ Delete
STREET ADDRESS: 675 SW 67 TR
CITY-ST-ZIP: SOUTH MIAMI FL 33143

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE: ☐ Change ☐ Addition
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CITY-ST-ZIP:

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

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

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

Date

Daytime Phone #

1/27/03

CR2037 (10/02)