

FILED

03 MAY -2 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N02000002711																											
1. Entity Name HIBISCUS LODGE NO. 275 CHARITABLE FOUNDATION, INC.																											
Principal Place of Business P.O. BOX 770218 MIAMI, FL 33177-0218			Mailing Address 9100 SOUTH DADELAND BLVD. SUITE 512 MIAMI, FL 33156																								
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																								
City & State			City & State																								
Zip		Country		Zip																							
Country		Country		4. FEI Number																							
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required																							
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1000 WEST AVENUE SUITE 1114 MIAMI BEACH, FL 33139																											
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 fee if applicable. (NOTE: Registered Agent's signature required when submitting)																											
FILE NOW: FEES \$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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> PRESIDENT ☐ Delete JOHN NOLAN 641 PALERMO AVE. CORAL GABLES, FL. 33134 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> VP ☐ Delete GREGORY CONTEAIO 6160 S.W. 63 AVE SOUTH MIAMI, FL. 33143 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> TREAS. ☐ Delete ROGER DUNETZ 88 CADIMA AVE. CORAL GABLES, FL. 33146 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> SECRETARY ☐ Delete CANOS CESPEDES PO BOX 770215 MIAMI, FL. 33177-0004 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Delete </td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%;"> ☐ Change ☐ Addition 10001787372 05/02/03--01039--008 </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td> ☐ Change ☐ Addition </td> </tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ☐ Delete JOHN NOLAN 641 PALERMO AVE. CORAL GABLES, FL. 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☐ Delete GREGORY CONTEAIO 6160 S.W. 63 AVE SOUTH MIAMI, FL. 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. ☐ Delete ROGER DUNETZ 88 CADIMA AVE. CORAL GABLES, FL. 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ☐ Delete CANOS CESPEDES PO BOX 770215 MIAMI, FL. 33177-0004	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 10001787372 05/02/03--01039--008	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u>Carla E. Céspedes</u> 4-27-03 (305) 636-3318																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											

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