

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91209 034 \*\*\*\*61.25

**DOCUMENT # N23106**

1. Entity Name

**WILEY WRIGHT MILITARY LODGE NO. 705, P.H.A. MASO  
 NS, INC.**

Principal Place of Business

Mailing Address

**18474 SW 87 COURT  
 MIAMI FL 33157**

**18474 SW 87 COURT  
 MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

**HOMESTEAD AFB**

**P.O. BOX 32008**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**HOMESTEAD, FL.**

**PRINCETON, FL.**

Zip

Country

Zip

Country

**33039**

**USA**

**33032**

**USA**

4. FEI Number

**APPLIED FOR**

☒ 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

**WILLIAMS, SHERBERT  
 26623 SW 122 PLACE  
 PRINCETON FL 33032**

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.

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **WILLIAMS, SHERBERT**  
 STREET ADDRESS **26623 SW 122 PLACE**  
 CITY-ST-ZIP **PRINCETON FL 33032**

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

TITLE **FVD** ☐ Delete  
 NAME **LAZIER, THEODORE**  
 STREET ADDRESS **25856 SW 132 CT**  
 CITY-ST-ZIP **MIAMI FL**

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

TITLE **SVD** ☐ Delete  
 NAME **ROBERTS, WALTER T**  
 STREET ADDRESS **13391 SW 258 TERRACE**  
 CITY-ST-ZIP **PRINCETON FL 33032**

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

TITLE **SD** ☐ Delete  
 NAME **ROBINSON, KATDO**  
 STREET ADDRESS **1331 B S FRANKLIN AVENUE**  
 CITY-ST-ZIP **HOMESTEAD FL**

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

TITLE **TD** ☐ Delete  
 NAME **BRYANT, FREDERICK L**  
 STREET ADDRESS **27841 SW 132 COURT**  
 CITY-ST-ZIP **NARANJA FL**

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

TITLE **TD** ☐ Delete  
 NAME **COLLEY, CLIFFORD**  
 STREET ADDRESS **15920 SW 102 AVE**  
 CITY-ST-ZIP **MIAMI FL 33157**

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:

*Sherbert Williams* **REQUISHERBERT WILLIAMS**

**29 APR 02**

**(305) 224-6773**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment  
Dir # 123106/665717

Form **SS-4**

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>WILEY WRIGHT MILITARY LODGE # 705</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name <b>SHERBERT WILLIAMS</b>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>26623 SW 122 PLACE</b>		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>PRINCETON, FL 33032</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>DADE COUNTY, FL.</b>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <b>SHERBERT WILLIAMS</b>		7b SSN, ITIN, or EIN <b>248-82-9839</b>
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____			
<input type="checkbox"/> Partnership _____			
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____			
<input type="checkbox"/> Personal service corp. _____			
<input type="checkbox"/> Church or church-controlled organization _____			
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ _____			
<input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____			
<input type="checkbox"/> Plan administrator (SSN) _____			
<input type="checkbox"/> Trust (SSN of grantor) _____			
<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
9 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____			
<input type="checkbox"/> Hired employees (Check the box and see line 12.)			
<input type="checkbox"/> Compliance with IRS withholding regulations			
<input type="checkbox"/> Other (specify) ▶ _____			
<input checked="" type="checkbox"/> Banking purpose (specify purpose) ▶ <b>Depositing dues and Investment</b>			
<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a trust (specify type) ▶ _____			
<input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year)		11 Closing month of accounting year	
12 First date wages or salaries were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0-0" . . . . . ▶		Agricultural	Household
14 Check one box that best describes the principal activity of your business.		Other	
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
<input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.			
Legal name ▶		Trade name ▶	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (month, day, year)		City and state where filed	
		Previous EIN	
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code)
	Address and ZIP code		Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ <b>SHERBERT WILLIAMS</b>		Applicant's telephone number (include area code)	
Signature ▶ <i>Sherbert Williams</i>		<b>( 305 ) 248-82-9839</b>	
Date ▶ <b>29 April 02</b>		Applicant's fax number (include area code)	