

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N26636**

1. Entity Name

LA RESPECTABLE LOGE "LE ROCHER D'HOREB" INC.**FILED****Apr 30, 2002 8:00 am**
Secretary of State

04-30-2002 90058 046 ****61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 1712
MIAMI FL 33168**POST OFFICE BOX 1712**
MIAMI FL 33168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0371900

Applied For

Not Applicable

Zip

Country

Zip

Country

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

JOSPITRE, RAYMOND
77 NW 107TH ST
MIAMI FL 33168

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 \$61.259. 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 **HASHBADANAH, PINCHINAT**
STREET ADDRESS **1191 NW 60TH AVENUE**
CITY-ST-ZIP **SUNRISE FL 33313**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **LOUIS, JACQUES P**
STREET ADDRESS **447 N.E. 198TH PL, APT 209**
CITY-ST-ZIP **N MIAMI FL 33179**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JOSEPH, INAVY**
STREET ADDRESS **121 NW 74TH ST**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CAY, ESTERN**
STREET ADDRESS **120 NE 1295H STREET**
CITY-ST-ZIP **NORTH MIAMI FL 33161**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **SAINTIL, VERNE F**
STREET ADDRESS **8951 NE BAY AVE, APT 316**
CITY-ST-ZIP **MIAMI FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **JOSPITRE, RAYMOND**
STREET ADDRESS **77 NW 107TH ST**
CITY-ST-ZIP **MIAMI FL**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:**Raymond Jospitre**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**13 Apr 02**
Date**305 759-9738**
Daytime Phone #

CR2E037 (9/01)