

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90226 042 ****61.25

DOCUMENT # N94000005186

1. Entity Name
**GRAN LOGIA UNIDA DE LAS ANTILLAS DE A.L. Y A.M.,
INC.**



Principal Place of Business
1883 SW 1ST ST
MIAMI, FL 33135

Mailing Address
1883 SW 1ST ST
MIAMI, FL 33135

00003132



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03022006

Chg-NP

CR2E037 (11/05)

4. FEI Number
65-0528571

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

BENITEZ, JUAN M
8345 SW 24 ST STE A
MIAMI, FL 33155

Name **BENITEZ, JUAN M.**

Street Address (P.O. Box Number is Not Acceptable)

2400 SW P3 AVE

City **MIAMI**

FL

Zip Code **33155**

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

JUAN M. BENITEZ

03-03-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

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 **SD** ☐ Delete
NAME **SADDINA, PERAD**
STREET ADDRESS **5501 NW 7 E311** **CORRECTION**
CITY-ST-ZIP **MIAMI, FL 33136**

TITLE **RD** ☐ Delete
NAME **SAN ROMAN, MANUEL**
STREET ADDRESS **4311 SW 97 PLACE**
CITY-ST-ZIP **MIAMI, FL**

TITLE **TD** ☐ Delete
NAME **GUERRA, HLIODORO** **CORRECTION**
STREET ADDRESS **2901 SW 19 TERR**
CITY-ST-ZIP **MIAMI, FL 33145**

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 **SD** ☒ Change ☐ Addition
NAME **SARDINA, PEDRO**
STREET ADDRESS **5501 NW 7 ST APT 311**
CITY-ST-ZIP **MIAMI FL 33136**

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

TITLE **TD** ☒ Change ☐ Addition
NAME **GUERRA, HLIODORO**
STREET ADDRESS **2901 SW 19 TERR**
CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 exemptions contained in Chapter 119, 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: *Manuel San Roman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-08-06 305-652-6000

Date

Daytime Phone #