2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N95000004983 Apr 13, 2000 8:00 am Secretary of State 1. Entity Name ALPHA OMEGA 357 MASONIC STUDY CLUB, INC. . 04-13-2000 90062 047 ****61.25 Principal Place of Business Mailing Address P.O. BOX 472545 12235 NW 22ND AVENUE MIAMI FL 33167 MIAMI FL 33247-2545 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0619125 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BENTLEY, ARTHUR B 12235 NW 22ND AVENUE MIAMI FL 33167 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5,00 May Be Trust Fund Contribution. П Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. ☐ Change ☐ Addition CD ☐ Delete TITLE TITLE PITTS, WILLIE C NAME NAME STREET ADDRESS 184 NW 48TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33127 **X** Change ☐ Addition ☐ Delete TITLE TITLE WALKER Willie 1070 N.W. 129 ST WALKER, WILLIE NAME STREET ADDRESS STREET ADDRESS 4521 NW 13TH PL CITY-ST-ZIP CITY-ST-ZIP MIAMI FL. MIAM! FL 33127 ☐ Addition Change Ch D ☐ Delete TITLE TITLE Devy, CHARles 381 N.E 150TH NAME LEVY, CHARLES NAME STREET ADDRESS STREET ADDRESS 8340 NW 32ND CT CITY-ST-ZIP MIAMI, F1 33 161 CITY-ST-ZIP MIAMI FL 33147 ☐ Change ☐ Addition ☐ Delete TITLE TITLE WRIGHT, JEFFREY NAME NAME STREET ADDRESS STREET ADORESS 2970 NW 158 ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33054 ☐ Change ☐ Addition ☐ Delete TITLE

MIAMI FL 33127 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

NAME STREET ADDRESS

TATLE.

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7iP

Delete

DELL, JAMES

SHAW, PERCEL

4 NE 45TH STREET

MIAMI FL

17545 NW 19 TH AVE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Date

Daytime Phone #

'Œ-Change>-- ☐ Addition®