

2001 UNIFORM BUSINESS REPORT (UBR)

2/15/01

FILED
Jun 19, 2001 8:00 am
Secretary of State

02-15-2001 90028 033 ****61.25

DOCUMENT # N95000004983
 1. Entity Name
ALPHA OMEGA 357 MASONIC STUDY CLUB, INC.

Principal Place of Business Mailing Address
 12235 NW 22ND AVENUE P.O. BOX 472545
 MIAMI FL 33187 MIAMI FL 33147

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

Zip Country Zip Country

4. FEI Number: **65-0819125** Applied For: Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BENTLEY, ARTHUR B
 12235 NW 22ND AVENUE
 MIAMI FL 33187

7. Name and Address of New Registered Agent
 Name: **Bentley, Arthur B.**
 Street Address (P.O. Box Number is Not Acceptable):
1257 Kassin Street
 City: **Opaloca** FL Zip Code: **33054**

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]* DATE: **2/10/01**
(Signature, title and address of current registered agent and fee if applicable. NOTE: Registered Agent signature required when renewing.)

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

TITLE	CO	<input type="checkbox"/> Delete
NAME	PITTS, WILLIE C	
STREET ADDRESS	184 NW 48TH ST	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, WILLIE	
STREET ADDRESS	1070 NW 129TH ST	
CITY-ST-ZIP	MIAMI FL 33188	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVY, CHARLES	
STREET ADDRESS	381 NE 150TH ST	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, JEFFREY	
STREET ADDRESS	2970 NW 158 ST	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELL, JAMES	
STREET ADDRESS	17545 NW 19 TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, PERCEL	
STREET ADDRESS	4 NE 45TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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 fees empowered.
 SIGNATURE: *[Signature]* DATE: **03-01-01** DAYTIME PHONE #: **1-305-576-5786**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Charles D. Shaw, Secretary
Jeffrey Wright

03-24-01 (305) 620-6046

CR2E037 (10/00)