

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90337 030 \*\*\*\*61.25

**DOCUMENT # N96000002310**

1. Entity Name

**MUY RESPETABLE GRAN LOGIA "FRATERNIDAD UNIVERSAL  
 " INC.**

Principal Place of Business

Mailing Address

600 W. 29TH ST.  
 HIALEAH FL 33012

600 W. 29TH ST.  
 HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

600 W 29th st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

600 W 29th ST.

City & State

City & State

Hialeah, FL

Hialeah, FL

Zip

Country

Zip

Country

33012

USA

33012

USA.

4. FEI Number

NOT APPLICABLE

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

PAZ, BENEDICTO  
 900 SW 84TH AVE. NO. 307  
 MIAMI FL 33144

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

*Bartolo Hernandez*

(NOTE: Registered Agent signature required when reinstating)

04/11/02  
 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 ☐ Delete  
 NAME DP  
 STREET ADDRESS PAZ, BENEDICTO  
 CITY-ST-ZIP 19106 SW 128 CT.  
 MIAMI FL 33177

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

TITLE ☐ Delete  
 NAME DV  
 STREET ADDRESS THOMAS, SANTIAGO  
 CITY-ST-ZIP 7602 SW 3RD ST.  
 MIAMI FL 33144

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

TITLE ☐ Delete  
 NAME DST  
 STREET ADDRESS HERNANDEZ, BARTOLO J  
 CITY-ST-ZIP 120 SW 108TH ST.#1-4  
 MIAMI FL 33174

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Delete  
 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 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

*Bartolo Hernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/02 305-235-3159  
 DATE DAYTIME PHONE #

CR2E037 (9/01)