

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT, # N98000005710

1. Entity Name

UNITED FREE MASONS OF THE WORLD INC.

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90133 001 \*\*\*\*\*8.75  
03-03-2000 90133 002 \*\*\*\*\*61.25

Principal Place of Business	Mailing Address
1100 NE 125 STREET SUITE #105 MIAMI FL 33161 US	1100 NE 125 STREET SUITE #105 MIAMI FL 33161-5045 US

2. Principal Place of Business	3. Mailing Address
1100 N.E. 125 STREET Suite, Apt. #, etc. SUITE # 105	1100 N.E. 125 STREET Suite, Apt. #, etc. SUITE # 105

City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33161	Country U.S.A.

4. FEI Number 65-0869065	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANON-JULES, THOMAS  
10300 SUNSET DR STE 265  
SUITE #265  
MIAMI FL 33173

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALCINDOR, ANTOINE C 12730 NW 18 CT MIAMI FL 33167 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MERISIER, GEORGE 911 NW 142 ST MIAMI FL 33168 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERCULE, JULIEN M 1100 NW 125 ST #105 MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORTUNEE, JEAN R 1100 NW 125 ST #105 MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, INAVI 1100 NW 125 ST #105 MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOCTEUR, DALES 1100 NW 125 ST #105 MIAMI FL 33161 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIEN MARC HERCULE 45 N.W.124 STREET MIAMI FL. 33168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN ROUZIER FORTUNE 7501 N.E.5 AVENUE MIAMI FL.33150 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGUY BALTHAZAR 329 N.E. 118 STEET MIAMI FL.33161 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRE LEONARD 905 N.W. 126 STREET MIAMI . FL.33168 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROLD J. MICHEL 1340 N.E. 204 TERRACE MIAMI FL. 33179 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITO BOUCICAUT 1100 N.E. 125 STREET MIAMI FL. 33161 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Antoine C. Alcindor 2/27/2000 (305) 688-6419

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)