

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90024 026 \*\*\*\*70.00

**DOCUMENT # N98000005710**

1. Entity Name

UNITED FREE MASONS OF THE WORLD INC.



Principal Place of Business

1100 NE 125 STREET  
SUITE #105  
MIAMI FL 33167  
US

Mailing Address

1100 NE 125 STREET  
SUITE #105  
MIAMI FL 33167  
US

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

65-0869065

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOCTEOR, DALES  
8025 NW 198 TERR  
MIAMI FL 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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	P	<input type="checkbox"/> Delete
NAME	ALCINDOR, ANTOINE C	
STREET ADDRESS	12730 NW 18 COURT	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	V	<input type="checkbox"/> Delete
NAME	MICHEL, AROLD J	
STREET ADDRESS	737 NE 127 STREET	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	T	<input type="checkbox"/> Delete
NAME	BAPTISTE, JEAN CLAUDE J	
STREET ADDRESS	6304 NW 1ST PLACE	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	PETIT-FRERE, VILLY	
STREET ADDRESS	22435 SW 61 WAY #B126	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOSEPH, THOMAS	
STREET ADDRESS	1190 NW 124 STREET	
CITY-ST-ZIP	N MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIELOT, HAROLD	
STREET ADDRESS	2110 NW 192 TERR	
CITY-ST-ZIP	MIAMI FL 33056	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Bretou	
STREET ADDRESS	1100 N.E. 125, #105	
CITY-ST-ZIP	N. Miami, Florida 33161	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LeGoy Baltazar	
STREET ADDRESS	1100 N.E. 125, #105	
CITY-ST-ZIP	N-Miami, Florida 33161	
TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Pierre	
STREET ADDRESS	631 N.W. 110 street	
CITY-ST-ZIP	Miami, Florida 33168	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Serge JARBATH	
STREET ADDRESS	631 N.W. 110 street Mia, Florida 33168	
CITY-ST-ZIP	Miami, Florida 33168	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARE Leonard	
STREET ADDRESS	1100 N.E. 125, #105	
CITY-ST-ZIP	N-Miami, Florida 33161	
TITLE	Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Georges Merizier	
STREET ADDRESS	1100 N.E. 125 street, #105	
CITY-ST-ZIP	N-Miami, Florida 33161	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #