

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01312005 Chg-NP CR2E037 (10/03)

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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
**DOCTEUR, DALES
8025 NW 198 TERR
MIAMI, FL 33015**

7. Name and Address of New Registered Agent
Name
03/08/05--01007--020 **61.25

Street Address (P.O. Box Number is Not Acceptable)
4000047868404

City
03/08/05--01007--021 **8.75
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 DALES Docteur 2/07/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALCINDOR, ANTOINE C 12730 NW 18 COURT MIAMI, FL 33167 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. GEORGE MERISIER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 911 N.W. 142 STREET MIAMI, FLA 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHEL, AROLD J 737 NE 127 STREET MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ANDRE LEONARD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 N.E. 125 STREET MIAMI, FLA. 33161, SUITE #105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAPTISTE, JEAN CLAUDE J 6304 NW 1ST PLACE MIAMI, FL 33150 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LE GUY BALTHAZAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 N.E. 125 ST MIAMI, FLA 33161 suite #105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JARBATH, SERGE <input checked="" type="checkbox"/> Delete 631 N.W. 116 ST. MIAMI, FL 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. JULIEN M. HERCULE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 45 N.W. 124 STREET MIA FLA. 33168 #10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, THOMAS <input type="checkbox"/> Delete 1190 NW 124 STREET N MIAMI, FL 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. NAVY N. JOSEPH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1100 N.E. 125 ST MIAMI, FLA. 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIELOT, HAROLD <input type="checkbox"/> Delete 2110 NW 192 TERR MIAMI, FL 33056	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. DALES Docteur <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8025 N.W. 198 TERR. MIAMI, FLA. 33015

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 2/07/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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3/1/05

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #					
1. Corporation Name					
2. Principal Office Address			3. Mailing Office Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
				5. FEI Number	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
Suite, Apt. #, Etc.					
City					
State FL Zip Code					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent _____ Date _____					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
	PAUL PIERRE	631 N.W. 1105		MIA, FL 33167	
	JOSEPH BRETOU	1100 N.E. 1255 / suite #105		MIA, FL 33161	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

CR2E081 (01/05)