

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
 05-31-2000 90101 030 ****70.00

DOCUMENT # **N99000004198** ✓
 1. Entity Name
THE DORCAS OF DAVID LODGE #731,
Enc

Principal Place of Business Mailing Address
P.O. Box 531086
Miami Shores,
FL 33153-1086

2. Principal Place of Business **7291 N.W. 220 Ave.**
 Suite, Apt. #, etc.
 City & State **Miami FL**
 Zip **33150** Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0988377** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

B0100831

6. Name and Address of Current Registered Agent
ALMA ELIE
769 N.E. 103rd Street
Miami, FL 33150

7. Name and Address of New Registered Agent
 Name **GUERDA ESTIVERNE**
 Street Address (P.O. Box Number is Not Acceptable) **751 ALHAMBRA BLVD.**
MIRAMAR FL
 City **FL** Zip Code **33023**

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 *Guelda Estivene* **05/03/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME | ELIE, ANNA <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | FILS AIME, MARIE YOLANE <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME | <input type="checkbox"/> Delete |
| STREET ADDRESS CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------------------|--|
| TITLE NAME | VICE - PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | GUERDA ESTIVERNE 7291 N.W. 220 Ave Miami, FL 33150 |
| TITLE NAME | TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | PLACIDE, Arlette 7291 N.W. 220 Ave Miami, FL 33150 |
| TITLE NAME | DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | SANTWILLE, Nancy 7291 N.W. 220 Ave Miami, FL 33150 |
| TITLE NAME | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | VISHOF, LORNIE 7291 N.W. 220 Ave Miami, FL 33150 |
| TITLE NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 all other like empowered.

SIGNATURE: *[Signature]* **5/3/00 (954) 965-2234**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)