NONPROFIT CORPORATION ANNUAL REPORT

1999



FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 713802**

1. Corporation Name

TEAMSTERS LOCAL UNION 769 HOLDING CORPORATION, I

Principal Place of Business

2. Principal Place of Business

Mailing Address

2a. Mailing Address

8350 N.W.7TH AVENUE MIAMI FL 33150

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Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90169 007 \*\*\*\*61.25

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|---|-----------------------------|
|   |                             |

Date Incorporated or Qualifed

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| 21   | ·  | 26   |                |                                  | 12/14/1967                                      |                   |               |
|--|--|--|----------------|----------------------------------|---|-------------------|---------------|
| Suite, Apt.                                  | #, etc.  | Suite, Apt. #, etc.  |                |                                  | 4. FEI Number                                   | Ap                | plied For     |
| 22   |  | 27   |                |                                  | 65-0312130                                      | No                | t Applicable  |
| City & State City & State                    |  |  |                | 5. Certificate of Status Desired | \$8.75 A  | Additional        |               |
| 23   | 28   |  |                |                                  | 5. Certificate of Status Desired                | Fee Re            | quired        |
| Zip  |  |  | Country        |                                  | 6. Election Campaign Financing \$5.00 May       |                   | May Be        |
| 24   | 25   | 29 36  | 0              |                                  | Trust Fund Contribution                         | Added to          | o Fees        |
| Name and Address of Current Registered Agent |  |  |                | •                                | 10. Name and Address of New Register            | red Agent         |               |
|  |  |  | 81             | Name                             |   |                   |               |
| ORR, STA                                     | ORR, STANTON R ESQ                                   |  |                | Street Addr                      | ress (P.O. Box Number is Not Acceptable)        |                   |               |
| 8350 NW 7TH AVE                              |  |  | 82             | 00000                            | ( is as as in the cooperation)                  |                   |               |
| MIAMI FL 33150                               |  | 83   |                | -                                |   |                   |               |
| 1  |  |  | 84             | Cit.                             |   | 85 Zip C          | `ada          |
|  |  | .  | City           | F                                | <b>□</b>  | bode              |               |
| 11. Pursuant                                 | to the provisions of Sections 617.0502               | and 617.1508, Florida Statutes,                                      | the above      | -named corp                      | oration submits this statement for the purpose  | e of changing its | registered    |
| office or r                                  | egistered agent, or both, in the State of            | of Florida. Such change was auth<br>ions of Section 617 0503. Florid | orized by I    | the corporation                  | on's board of directors. I hereby accept the ap | pointment as rec  | jistered      |
|  |  |  |                |                                  | L   | 1/22/00           |               |
| SIGNATURE                                    | Signature, typed or preside name of registered agent | and little it applicable. (NOTE: Re                                  | gistered Agent | signature required               | d when reinstating) DATE                        | 120/19            | <del></del> ( |
| 12.  | OFFICERS AND   | D BURECTORS  | 13.            |                                  | ADDITIONS/CHANGES TO OFFICERS                   | AND DIRECTO       | RS IN 12      |
| TITLE  | ST   | ☐ DELETE   | 1.1 TITLE      | Ω                                |   | <b>⊡</b> Change   | ☐ Addition    |
| NAME   | BELANS, ROBERT C                                     |  | 1.2 NAME       | B                                | elens, ROBERT C.                                |                   |               |
| STREET ADDRESS                               | 8350 NW 7TH AVE                                      |  | 1.3 STREET     |                                  | 350 NW7 AVE                                     |                   | 1             |
| CITY-ST-ZIP                                  | MIAMI FL   |  | 1.4 CITY-ST    | .zo 🖍                            | 1.mi, E 33150                                   |                   |               |
| TITLE .                                      | DP   | ☐ DELETE   | 2.1 TITLE      | 5                                | · T   | Change            | Addition      |
| NAME   | CANNESTRO, ANTHONY                                   |  | 2.2 NAME       | 1.                               | AMAR MATHIS, JR.                                |                   |               |
| STREET ADDRESS                               | 8350 NW 7TH AVE.                                     |  | 2.3 STREET     | ADDRESS 47                       | STO NW 7 AVE                                    |                   |               |
| CITY-ST-ZIP                                  | MIAMI, FL 00000                                      |  | 2.4 CITY-ST    | 1 1                              | 1.mm, FL 33150                                  |                   |               |
| TITLE  | <b>1</b> -   | ☐ DELETE   | 3.1 TITLE      |                                  |   | Change            | ☐ Addition    |
| NAME   | GREENWELL, STEPHEN S                                 |  | 3.2 NAME       |                                  |   |                   | i             |
| STREET ADDRESS                               | 8350 NW 7TH AVE                                      |  | 3.3 STREET     | ADDRESS                          |   |                   | ŀ             |
| CITY-ST-ZIP                                  | MIAMI FL   |  | 3.4. CITY-ST   | 1                                |   |                   | İ             |
| TITLE  |  | ☐ DELETE   | 4.1 TITLE      | -                                |   | Change            | Addition      |
| NAME   |  |  | 4. 2 NAME      |                                  |   |                   |               |
| STREET ADDRESS                               |  |  | 4.3 STREET     | inness                           |   |                   |               |
|  |  |  |                |                                  |   |                   |               |
| CITY-ST-ZIP                                  |  | ☐ DELETE   | 44 CITY-ST-    |                                  |   | Change            | ☐ Addition    |
| NAME   |  | C) DECEME  | 5.2 NAME       | ´                                | •   | □ overgo .        |               |
| STREET ADDRESS                               |  |  | 5.3 STREET     | ADDRESS                          |   | •                 | •             |
|  |  |  | .5.4 CITY-ST   |                                  |   |                   |               |
| TITLE  | 1  | ☐ DELETE   | 6.1 TITLE      |                                  |   | Change            | Addition      |
| NAME   |  |  | 6.2 NAME       | 1.5                              | All a   |                   |               |
| 1  |  |  | 6.3 STREET     | MORESS                           |   |                   | · .           |
| STREET ADDRESS                               |  |  | 6.4 CITY-ST-   |                                  | •   | -                 |               |
| CITY-ST-ZIP                                  |  |  | 9.4 (111.91.   |                                  |   |                   |               |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE: