## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Jan 26, 2004 8:00 am **Secretary of State DOCUMENT #713802** 01-26-2004 90052 048 \*\*\*\*61.25 TEAMSTERS LOCAL UNION 769 HOLDING CORPORATION, INC. Principal Place of Business Mailing Address 44004103 8350 N.W.7TH AVENUE 8350 N.W.7TH AVENUE MIAMI, FL 33150 MIAMI, FL 33150 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 Chg-NP CR2E037 (10/03) City & State 4. FEI Number 65-0312130 Applied For City & State Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name ORR, STANTON R ESQ Street Address (P.O. Box Number is Not Acceptable) 8350 NW 7TH AVE MIAMI, FL 33150 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2004 Trust Fund Contribution. Added to Fee OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PRESIDENT DP Delete SCOTT, MIKE BELANS, ROBERT C NAME NAME 8350 NW 7TH AVE STREET ADDRESS STREET ADDRESS 8350 N.W. 7TH AVENUE MIAMI, FL 33150 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL. 33150 ST Delete TITLE DITE SECRETARY-TREASURER Change Addition SCOTT, MIKE NAME NAME ZIVALICH, JOSH 8350 N.W 7TH AVE STREET ADJORESS STREET ADDRESS 8350 N.W. 7TH AVENUE CITY-ST-7IP MIAMI, FL 33150 CITY\_ST\_7/P MIAMI, FL 33150 Delete Change Addition TITLE TITLE **GREENWELL, STEPHEN S** NAME NAME .. lukan wasa ma 8350 NW 7TH AVE STREET ADDRESS STREET ADDRESS MIAMI, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address; with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

Defete

☐ Delete

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

FILED

Change

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Addition

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