4/3/

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 17, 2001 8:00 am**
**Secretary of State**
04-03-2001 90019 005 ****61.25

DOCUMENT # 738918

1. Entity Name

NATIONAL ASSOCIATION OF PURCHASING MANAGEMENT -

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 523323<br>MIAMI FL 33152-3323<br>US | P.O. BOX 523323<br>MIAMI FL 33152-3323<br>US |

- 43560-

DO NOT WRITE IN THIS SPACE

| 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 59-1867643 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| WECHTER, HAL<br>~~251 GALEN DR~~ 555 NE 15TH ST #28E<br>~~KEY BISCAYNE FL 33149~~ Miami, FL 33132 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

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** | 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>TORRES, RICK<br>17430 SW 22 ST<br>MIRAMAR FL 33029 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MEIR, REGER<br>20800 HIGHLAND LAKES BLVD<br>NORTH MIAMI BEACH FL 33179 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MONTES, SUSAN<br>P O BOX 016960<br>MIAMI FL 33101 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ~~D~~ P<br>WECHTER, HAL<br>~~251 GALEN DR~~ 555 NE 15TH ST #28E<br>~~KEY BISCAYNE FL 33149~~ Miami, FL 33132 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☑ Change ☐ Addition<br>WECHTER, HAL<br>555 N.E. 15th STREET. #28E<br>MIAMI, FL 33132 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>DANIELS, MARIANNE<br>190 LOS PINOS COAST<br>CORAL GABLES FL 33143 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (10/00)

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] President 2/13/01 305 740-8471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #