

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90125 049 ****61.25

DOCUMENT # 738918

1. Entity Name

**NATIONAL ASSOCIATION OF PURCHASING MANAGEMENT -
 SOUTH FLORIDA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 523323
 MIAMI FL 33152-3323
 US

P.O. BOX 523323
 MIAMI FL 33152-3323
 US

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
~~**355 NE 15TH ST #28E**~~
MIAMI FL 33132

Name

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

555 NE 15th ST

Apt 28E

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 **TD** ☐ Delete
 NAME **TORRES, RICK**
 STREET ADDRESS **17430 SW 22 ST**
 CITY-ST-ZIP **MIRAMAR FL 33029**

TITLE **TD** ☒ Change ☐ Addition
 NAME **TORRES, RICK**
 STREET ADDRESS **6912 NW 179 STREET. Apt. 112-3**
 CITY-ST-ZIP **MIAMI, FL 33015**

TITLE **D** ☐ Delete
 NAME **MEIR, REGER**
 STREET ADDRESS **20800 HIGHLAND LAKES BLVD**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **PD** ☐ Change ☐ Addition
 NAME **PD**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **MONTES, SUSAN**
 STREET ADDRESS **P O BOX 016960**
 CITY-ST-ZIP **MIAMI FL 33101**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Delete
 NAME **WECHTER, HAL**
 STREET ADDRESS **555 NE 15TH ST #28E**
 CITY-ST-ZIP **MIAMI FL 33132**

TITLE **D** ☐ Change ☐ Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Delete
 NAME **DANIELS, MARIANNE**
 STREET ADDRESS **190 LOS PINOS COAST**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

TITLE **S** ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **190 Los Pinos Court**
 CITY-ST-ZIP **Coral Gables, FL 33143**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **Millie Murphy**
 STREET ADDRESS **13041 SW 107 ST**
 CITY-ST-ZIP **Miami FL 33186**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hal Wechter

1/29/02

305 740-8471

CR2E037 (9/01)