

DOCUMENT # N00000003648

1. Entity Name

MID-FLORIDA LOCAL #7138 APWU, INC.

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90064 032 ****61.25

Principal Place of Business PO BOX 952408 LAKE MARY FL 32795	Mailing Address PO BOX 952408 LAKE MARY FL 32795
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 800 Pinchacot RD.	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE MARY FL	City & State	4. FEI Number 59-3155696	Applied For Not Applicable
Zip 32799	Country SEMINOLE	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Joseph B. Bealey* SECRETARY/TREASURER
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 1/9/01

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RHODEN, LEESA PO BOX 952408 LAKE MARY FL 32795 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEALEY, JOSEPH PO BOX 952408 LAKE MARY FL 32795 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, KEVIN PO BOX 952408 LAKE MARY FL 32795 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCURA, KEN PO BOX 952408 LAKE MARY FL 32795 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURSIO, GEORGE PO BOX 952408 LAKE MARY FL 32795 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, JOEY PO BOX 952408 LAKE MARY FL 32795 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	George Aygur P.O. Box 952408 LAKE MARY FL 32795 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathy Motas P.O. Box 952408 LAKE MARY FL 32795 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Renee Lafiner P.O. Box 952408 LAKE MARY FL 32795 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *JOSEPH B. BEALEY* *Joseph B. Bealey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/9/01
Date

DAYTIME PHONE: (407) 333 3442
Daytime Phone #

00254

CR2E037 (10/00)