

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

0003722

DOCUMENT # N22603

1. Entity Name

COALITION OF PUBLIC SERVICE EMPLOYEE ORGANIZATIO

04-27-2001 90232 008 ****61.25

Principal Place of Business

Mailing Address

5243 TIFFANY ANNE CIRCLE
 WEST PALM BEACH FL 33417
 US

5243 TIFFANY ANNE CIRCLE
 WEST PALM BEACH FL 33417
 US

2. Principal Place of Business

3. Mailing Address

5243 TIFFANY ANNE CIR
 Suite, Apt. #, etc.

5243 TIFFANY ANNE CIRCLE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

WEST PALM BEACH FL

WEST PALM BEACH FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33417

USA

33417

U.S.A.

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

LOWENTHAL, HOWARD
 5243 TIFFANY ANNE CIRCLE
 WEST PALM BEACH FL 33417

Name

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

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	P WEISER, LOUIS	<input type="checkbox"/> Delete
STREET ADDRESS	919 HILLCREST DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE NAME	V IZZO, ROBERT A	<input type="checkbox"/> Delete
STREET ADDRESS	18124 NW 21ST ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE NAME	S FEHLING, HENRY J	<input type="checkbox"/> Delete
STREET ADDRESS	6708 NW 71ST STREET	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE NAME	T LOWENTHAL, HOWARD	<input type="checkbox"/> Delete
STREET ADDRESS	5243 TIFFANY ANN CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE NAME	D KURTZ, RICHARD	<input type="checkbox"/> Delete
STREET ADDRESS	1221 SW 26TH AVE	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE NAME	D FRITZ, GENEVIEVE	<input type="checkbox"/> Delete
STREET ADDRESS	3001 ROLLING HILLS CIRCLE W.	
CITY-ST-ZIP	DAVIE FL 33328	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Howard Lowenthal

4-20-01

561-478-2280

CR2E037 (10/00)