

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90796 030 \*\*\*\*61.25

**DOCUMENT # N22603**

1. Entity Name

**COALITION OF PUBLIC SERVICE EMPLOYEE ORGANIZATIONS, INC. (FLORIDA)**

Principal Place of Business

Mailing Address

5243 TIFFANY ANNIE CIRCLE  
 WEST PALM BEACH FL 33417  
 US

5243 TIFFANY ANNIE CIRCLE  
 WEST PALM BEACH FL 33417  
 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

**NOT APPLICABLE**

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

**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 **P**  Delete  
 NAME **WEISER, LOUIS**  
 STREET ADDRESS **919 HILLCREST DR**  
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **IZZO, ROBERT A**  
 STREET ADDRESS **18124 NW 21ST ST**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **S**  Delete  
 NAME **FEHLING, HENRY J**  
 STREET ADDRESS **6708 NW 71ST STREET**  
 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T**  Delete  
 NAME **LOWENTHAL, HOWARD**  
 STREET ADDRESS **5243 TIFFANY ANN CIRCLE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KURTZ, RICHARD**  
 STREET ADDRESS **1221 SW 26TH AVE**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **FRITZ, GENEVIEVE**  
 STREET ADDRESS **3001 ROLLING HILLS CIRCLE W.**  
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE  Change  Addition  
 NAME  
 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 like empowered.

SIGNATURE: *Howard Lowenthal* **Howard Lowenthal** 3-15-02 561-478-2780  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)