

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90152 004 ****61.25

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DOCUMENT # N22603
1. Entity Name
COALITION OF PUBLIC SERVICE EMPLOYEE ORGANIZATIONS, INC. (FLORIDA)



Principal Place of Business: **5243 TIFFANY ANNIE CIRCLE
WEST PALM BEACH FL 33417
US**
Mailing Address: **5243 TIFFANY ANNIE CIRCLE
WEST PALM BEACH FL 33417
US**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State: City & State
Zip: Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**LOWENTHAL, HOWARD
5243 TIFFANY ANNE CIRCLE
WEST PALM BEACH FL 33417**

4. FEI Number **NOT APPLICABLE**
Applied For: Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* April 15, 2003 561-476-271

CR2E037 (10/02)