

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25783

1. Entity Name

I.B.E.W. LOCAL UNION NO. 759 BUILDING CORPORATIO

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91234 035 ****61.25

658116



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 C/O ROBERT A. SUGARMAN
 301 N.E. 1ST STREET
 POMPANO BEACH FL 33060-6607

Mailing Address
 C/O ROBERT A. SUGARMAN
 301 N.E. 1ST STREET
 POMPANO BEACH FL 33060-6607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6135947**
 Applied For
 Not Applicable

Zip Country

Zip Country

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

SUGARMAN, ROBERT A.
 5959 BLUE LAGOON DR.
 SUITE 150
 MIAMI FL 33126

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 STREET ADDRESS CITY-ST-ZIP	DP SKILLAS, GEORGE A. 301 NE 1ST POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD, LEO 301 NE 1ST ST. POMPANO BEACH FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ARTIAGE, GWEN 301 NE 1ST POMPANO BEACH FL 33060	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNICK, TIM 301 NE 1ST POMPANO BEACH FL 33606	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CROSSON, WALTER 301 SE 1ST POMPANO BCH. FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR HAYNICK Tim	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CROSSON Walter	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: *Korshak* *HAYNICK* 5-14-01 954-946-8551

CR2E037 (10/00)