

2002 UNIFORM BUSINESS REPORT (UBR)

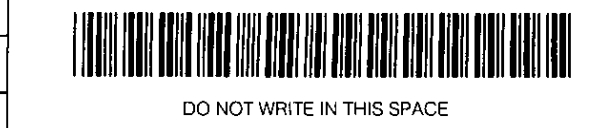
FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90286 023 ****61.25

DOCUMENT # 702341
 1. Entity Name
SOUTH FLORIDA MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business 1000 WEST MCNAB ROAD SUITE 111 POMPANO BEACH FL 33069-4719	Mailing Address 1000 WEST MCNAB ROAD SUITE 111 POMPANO BEACH FL 33069-4719
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



6. Name and Address of Current Registered Agent
MALCOM, BILL
% ADAIR, FULLER, WITCHER & MALCOM, P.A.
100 WEST CYPRESS CREEK ROAD, SUITE 1045
FORT LAUDERDALE FL 33309

4. FEI Number **59-0936969** 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.

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	
TITLE <i>past chair D</i>	<input type="checkbox"/> Delete
NAME SMITH, BILL	
STREET ADDRESS 621 NW 53RD STREET	
CITY-ST-ZIP BOCA RATON FL 33487	
TITLE <i>vest CD</i>	<input type="checkbox"/> Delete
NAME ZUCKER, MEL	
STREET ADDRESS 6630 NW 16TH TERRACE	
CITY-ST-ZIP FORT LAUDERDALE FL 33309	
TITLE <i>P</i>	<input type="checkbox"/> Delete
NAME WOLFE, JUNE	
STREET ADDRESS 1000 W MCNAB RD 111	
CITY-ST-ZIP POMPANO BCH. FL	
TITLE <i>YCD</i>	<input type="checkbox"/> Delete
NAME SMITH, BILL	
STREET ADDRESS 621 NW 53TH ST. #140	
CITY-ST-ZIP BOCA RATON FL 33487	
TITLE <i>TD</i>	<input type="checkbox"/> Delete
NAME ISZLER, TIMOTHY	
STREET ADDRESS 350 E LAS OLAS BLVD	
CITY-ST-ZIP FORT LAUDERDALE FL 33301	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *June Wolfe* **June Wolfe** 4-10-2 954941-3558

CR2E037 (9/01)