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

Mailing Address 1000 WEST MCNAB ROAD

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

POMPANO BEACH FL 33069-4719

SUITE 111

## **DOCUMENT # 702341**

1. Entity Name

SUITE 111

Principal Place of Business

POMPANO BEACH FL 33069-4719

2. Principal Place of Business

1000 WEST MCNAB ROAD

Suite, Apt. #, etc.

MALCOM, BILL

City & State

Zip

## SOUTH FLORIDA MANUFACTURERS ASSOCIATION, INC.

Country

% ADAIR, FULLER, WITCHER & MALCOM, P.A. 100 WEST CYPRESS CREEK ROAD, SUITE 1045

FORT LAUDERDALE FL 33309

MATIIRE.

6. Name and Address of Current Registered Agent



Country

City

**FILED** Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90187 008 \*\*\*\*61.25

-----☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-0936969 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code FL

	enamed entity submits this statement for the purpo- tions of registered agent.	se of changing its re	gistered office or regist	tered agent, or both, in the	e State of Florida. I am familiar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent and title if applic	able. (NOTE: R	egistered Agent signature requi	red when reinstating)	DATE	
<b>∜</b> ≢						
	FILE NOW: FEE IS \$61.25	9. Election Campa Trust Fund Con		<b>\$5.00</b> May Be Added to Fees	Make Check Payable to Florida Department of S	
10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BILL 621 NW 53RD STREET BOCA RATON FL 33487	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ZUCKER, MEL 6630 NW 16TH TERRACE FORT LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
	P	Delete	_TITLE		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	WOLFE, JUNE 1000 W MCNAB RD 111 POMPANO BCH. FL		NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ISZLER, TIMOTHY 350 E LAS OLAS BLVD FORT LAUDERDALE FL 33301	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	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.						