

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90098 034 ****61.25

DOCUMENT # 715127

1. Entity Name

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLO

Principal Place of Business		Mailing Address	
15 S W 7 ST FT LAUDERDALE FL 33301		15 S W 7 ST FT LAUDERDALE FL 33301-2823	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1002438** Applied For ☐ Not ☐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****ALICE RENNIE**
15 SW 7TH
FORT LAUDERDALE FL 33301Name _____
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 \$61.259. 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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALZARANO, LOUIS	NAME	
STREET ADDRESS	15 SW 7ST	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, RICHARD	NAME	
STREET ADDRESS	15 SW 7 ST	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	GAD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNIE, ALICE	NAME	
STREET ADDRESS	15 SW 7TH	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBBARD, JOHN	NAME	
STREET ADDRESS	15 SW 7 ST	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	RSD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOUSEK, GARY	NAME	
STREET ADDRESS	15 SW 7 ST	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERTOLAMI, ANTHONY	NAME	
STREET ADDRESS	15 SW 7 ST	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	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: JOHN HUBBARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-00

Date

954-463-6175

Daytime Phone #