

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

DOCUMENT # **715127**

1. Entity Name **INTERNATIONAL ALLIANCE OF THEATRICAL
STAGE EMPLOYEES AND MOVING PICTURE MACHINE
OPERATORS HOLDING COMPANY, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **15 S.W. 7TH STREET**
Suite, Apt. #, etc.

3. Mailing Address **184 S.W. 9TH ST.**
Suite, Apt. #, etc.

City & State **FORT LAUDERDALE, FL.**
Zip **33301** Country **BROWARD**

City & State **POMPANO BEACH, FL.**
Zip **33060** Country **BROWARD**

4. FEI Number **59-1002438**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **JOHN HUBBARD**

Street Address (P.O. Box Number is Not Acceptable)
10501 S.W. 50TH STREET

City **COOPER CITY** FL Zip Code **33328**

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IN THIS SPACE**

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  **JOHN HUBBARD, SECRETARY-TREASURER 11-22-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

FEES IS \$61.25
Initial or Amended UBR

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 **PRESIDENT + DIRECTOR**
NAME **TODD OLIVERI**
STREET ADDRESS **184 S.W. 9TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **VICE PRESIDENT + DIRECTOR**
NAME **GEORGE BENEDICT**
STREET ADDRESS **P.O. BOX 8834**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33310**

TITLE **SECRETARY-TREASURER + DIRECTOR**
NAME **JOHN HUBBARD**
STREET ADDRESS **10501 S.W. 50TH**
CITY-ST-ZIP **COOPER CITY, FL 33328**

TITLE **DIRECTOR**
NAME **RICHARD ROBERTS**
STREET ADDRESS **184 S.W. 9TH STREET**
CITY-ST-ZIP **POMPANO BEACH, FL 33060**

TITLE **DIRECTOR**
NAME **ALICE RENNIE**
STREET ADDRESS **720 S.W. 19TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33315**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN HUBBARD** 11-22-02 954.434.6040
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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