

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

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90060 028 ****61.25

DOCUMENT # 715127

1. Entity Name

INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES AND MOVING PICTURE MACHINE OPERATORS HOLDING



Principal Place of Business

**15 S W 7 ST
FT LAUDERDALE FL 33301**

Mailing Address

**PO BOX 841136
PEMBROKE PINES FL 33084**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1002438**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUBBARD, JOHN
10501 SW 50TH STREET
COOPER CITY FL 33328**

7. Name and Address of New Registered Agent

Name **ALICE RENNIE**

Street Address (P.O. Box Number is Not Acceptable)

720 SW 19th STREET

City **FORT LAUDERDALE FL** Zip Code **33315**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alice Rennie*
Signature, typed or printed name of registered agent and title if applicable.

ALICE RENNIE

8-26-01

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **OLIVIERI, TOD**
STREET ADDRESS **184 SW 9TH STREET**
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE **D** ☐ Delete
NAME **RENNIE, ALICE**
STREET ADDRESS **720 SW 19TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33315**

TITLE **STD** ☐ Delete
NAME **HUBBARD, JOHN**
STREET ADDRESS **10501 SW 50 STREET**
CITY-ST-ZIP **COOPER CITY FL 33328**

TITLE **D** ☐ Delete
NAME **ROBERTS, RICHARD**
STREET ADDRESS **184 SW 9TH STREET**
CITY-ST-ZIP **POMAPNO BEACH FL 33060**

TITLE **VD** ☐ Delete
NAME **BENEDICT, GEORGE**
STREET ADDRESS **PO BOX 8834**
CITY-ST-ZIP **FT LAUDERDALE FL 33610**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **DAVID RENNIE**
CITY-ST-ZIP **720 SW 19th STREET**
FORT LAUDERDALE, FL 33315

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: *TOD OLIVIERI* **TOD OLIVIERI** **7-31-03** **954-655-8241**

CR2E037 (4/03)