2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **719099** Jan 28, 2000 8:00 am **Secretary of State** LOCAL 32 HOLDING CORPORATION, INC. 01-28-2000 90198 012 ****61.25 Principal Place of Business Mailing Address 20375 NE 15TH COURT 20375 NE 15TH COURT NORTH MIAMI BEACH FL 33179-2709 NORTH MIAMI BEACH FL 33179 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2131186 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STEWART, LARRY 7891 NW 12 ST PEMBROKE PINES FL 33024 Zip Code City FL 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 stered agent and title if applicable Signature, typed or printed nan (NOTE. Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change ☐ Addition PD ☐ Delete TITLE NAME NAME STEWART, LARRY STREET ADDRESS **7891 NW 12TH STRET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Change ☐ Addition ۷D ☐ Delete TITLE TITLE NAME GIORDANO, PAUL NAME STREET ADDRESS STREET ADDRESS 2200 PARK LANE #115 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Delete Change ☐ Addition TITLE ___~ TITI F Edward Bennett. DEVILLIERS, JR R NAME NAME STREET ADDRESS STREET ADDRESS 7580 EATON ST CITY-ST-ZIP ろろひみし CiTY-ST-7IP HOLLYWOOD FL 33024 Change Addition ☐ Delete TITLE TITLE NAME CRAVEY, JOHN NAME STREET ADDRESS STREET ADDRESS 1238 NW 125TH TERR CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Change ☐ Addition STD ☐ Delete TITI F NAME NAME STATLER, SCOTT STREET ADDRESS STREET ADDRESS 6741 SW 27TH CT CITY-ST-ZIP CITY-ST-7IP MIRMAR FL Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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