

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719705

1. Entity Name

PLUMBERS AND PIPE FITTERS LOCAL UNION NO. 719 HO

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90085 006 ****61.25

Principal Place of Business NO 719 HOLDING COMPANY INC 2502 S ANDREWS AVE FORT LAUDERDALE FL 33316	Mailing Address NO 719 HOLDING COMPANY INC 2502 S ANDREWS AVE FORT LAUDERDALE FLA 33316-3964
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-0442562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CALDER, ROBERT M
2502 SOUTH ANDRES AVENUE (BUSINESS)
FORT LAUDERDALE, FL
33316

7. Name and Address of New Registered Agent

Name _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

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	VD	<input type="checkbox"/> Delete
NAME	PETRIE, JOSEPH B	
STREET ADDRESS	309 NW 30 COURT	
CITY-ST-ZIP	FT LAUD, FL 33311	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WITZ, ROBERT L	
STREET ADDRESS	2950 N.W. 106TH AVENUE, #3	
CITY-ST-ZIP	SUNRISE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CALDER, ROBERT M	
STREET ADDRESS	7812 NW 73 AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____ **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/25/00** Daytime Phone #: **954-522-2532**

CR2E037 (9/99)