

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90104 019 \*\*\*\*61.25

**DOCUMENT # 719803**

**1. Entity Name**  
**SHEETMETAL WORKERS LOCAL UNION NO. 32 APPRENTICE  
SHIP AND TRAINING PROGRAM AND TRAINING FUND, INC**



**Principal Place of Business**

**20401 N.E. 15TH CT.  
N. MIAMI BEACH FL 33179**

**Mailing Address**

**20401 N.E. 15TH CT.  
N. MIAMI BEACH FL 33179**

**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 59-1366225**

Applied For

Not Applicable

**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**

**WOOTEN, WILLIAM R  
12805 N.W. 16 AVE.  
NORTH MIAMI FL 33167**

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

**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 \$61.25**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **CD** ☐ Delete  
**NAME** **MCDUGALL, HARLEY**  
**STREET ADDRESS** **20375 NE 15 CT**  
**CITY-ST-ZIP** **N MIAMI BCH FL 33179**

**TITLE** **SD** ☐ Change ☒ Addition  
**NAME** **Marvel, William**  
**STREET ADDRESS** **2225 NW 76 Street**  
**CITY-ST-ZIP** **Miami, FL 33147**

**TITLE** **D** ☐ Delete  
**NAME** **BARDEN, JOEL**  
**STREET ADDRESS** **7571 SW 42ND PLACE**  
**CITY-ST-ZIP** **DAVIE FL 33314**

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

**TITLE** **SD** ☒ Delete  
**NAME** **KEEN, JAMES**  
**STREET ADDRESS** **14945 NW 25TH CT**  
**CITY-ST-ZIP** **MIAMI FL 33054**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Mahoney, Richard**  
**STREET ADDRESS** **1157 NW 159 Drive**  
**CITY-ST-ZIP** **Miami, FL 33168**

**TITLE** **D** ☒ Delete  
**NAME** **HIGHTOWER, JAMES**  
**STREET ADDRESS** **101 NW 176 STREET**  
**CITY-ST-ZIP** **MIAMI FL 33169**

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

**TITLE** **D** ☐ Delete  
**NAME** **CAMPESTRINI, MARCOS**  
**STREET ADDRESS** **1157 NW 159TH DR**  
**CITY-ST-ZIP** **MIAMI FL 33168**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Tammaro, Ernie**  
**STREET ADDRESS** **14945 NW 25 Court**  
**CITY-ST-ZIP** **Miami, FL 33054**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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:** *Harley G. McDougall*

**Harley G. McDougall 2/7/03 305-651-869**

CR2E037 (10/02)