

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 30, 2000 8:00 am
Secretary of State

06-30-2000 90002 018 ****61.25

DOCUMENT # 726227

Entity Name

LOCAL UNION 1026, INC.

R

Principal Place of Business	Mailing Address
S. PARK RD. FL 33009	2727 S. PARK RD. HALLANDALE FL 33009-3817

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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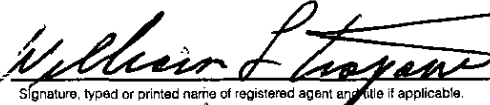
4. FEI Number	Applied For
59-1882481	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
WILDS, RANDALL D. 2727 SOUTH PARK ROAD HALLANDALE FL 33009

7. Name and Address of New Registered Agent
Name WILLIAM L. TRAPANI
Street Address (P.O. Box Number is Not Acceptable) 2727 SOUTH PARK ROAD
City HALLANDALE
FL
Zip Code 33009

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: 	WILLIAM L. TRAPANI	6-22-00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
ST ZIP	P. MENDOZA, DAN C 2727 S. PARK RD. HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP	M WILDS, RANDALL D. 2727 S. PARK RD. HALLANDALE FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP	TR VERA, MARCOS 2727 S. PARK RD. HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP	TR MCRAE, EDDIE 2727 S. PARK RD. HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP	V MCLAUGHLIN, NORBER 2727 S. PARK RD. HALLANDALE FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ZIP	T O'NEILL, JOHN 2727 SOUTH PARK RD HALLANDALE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	WILLIAM L. TRAPANI	6-22-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E037 (9/99)