

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733781

1. Entity Name

GENERAL APPRENTICESHIP ADVISORY COMMITTEE OF BRO

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90049 046 ****61.25

Principal Place of Business

2840 N.W. 27 AVENUE
FORT LAUDERDALE FL 33311
US

Mailing Address

2840 NW 27 AVENUE
N/A
FT LAUDERDALE FL 33111
US

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

23-7413124

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

LICHTMAN, ELLEN
2840 NW 27TH AVENUE
FT. LAUDERDALE FL 33311

Name

KENNETH MAIERHOFER

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

2840 NW 27th AVENUE

FT. LAUDERDALE, FL 33311

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 Kenneth E. Maierhofer KENNETH MAIERHOFER, EDUCATION COORDINATOR 1/16/01
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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☒ Delete
NAME LICHTMAN, ELLEN
STREET ADDRESS 2840 NW 27TH AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE TD ☒ Change ☐ Addition
NAME KENNETH MAIERHOFER
STREET ADDRESS 2840 NW 27th Avenue
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE CD ☐ Delete
NAME HARRIS, JOHN
STREET ADDRESS 2500 S ANDREWS AVE
CITY-ST-ZIP FT LAUDERDALE FL

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

TITLE SD ☐ Delete
NAME WARREN, ARTHUR L
STREET ADDRESS 13201 NW 45TH AVE
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

1/16/01

(954)

SIGNATURE: Kenneth E. Maierhofer KENNETH MAIERHOFER, EDUCATION COORDINATOR 739-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)