## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 31, 2002 8:00 am **DOCUMENT # 733781 Secretary of State** 1. Entity Name GENERAL APPRENTICESHIP ADVISORY COMMITTEE OF BRO 02-13-2002 90221 038 \*\*\*\*61.25 WARD COUNTY, INC. Principal Place of Business Mailing Address 2840 N.W. 27 AVENUE 2840 NW 27 AVENUE FORT LAUDERDALE FL 33311 FT LAUDERDALE FL 33111 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-7413124 Not Applicable Zip Country Zip 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 <u>ALBERT L. NAGY, JR.</u> Street Address (P.O. Box Number is Not Acceptable) MAJERHOFER, KENNETH 2840 NW 27TH AVENUE 2840 NW 27th AVENUE FT: LAUDERDALE FL 33311 FT. LAUDERDALE, 33311 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 9. Election Campaign Financing ----\$5.00·May:Be-Make Check Payable to D - - Added to Fees `FILE"NOW: "FEE-IS"\$61.25" Trust Fund Contribution. -Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TILE <u>6</u> X Delete TITLE Change Addition MAIERHOFER, KENNETH NAGY JR., ALBERT L. E037 STREET ADDRESS 2840 NW 27TH AVENUE STREET ADDRESS 2840 NW 27th AVENUE FORT LAUDERDALE, F CITÉ ST-ZIP CHY-ST-ZIP FORT LAUDERDALE FL 33311 TITI F Delete ☐ Change ☐ Addition HARRIS, JOHN NAME STREET ADDRESS 2500 S ANDREWS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL SD TITLE □ Delete MILE. ☐ Change ☐ Addition WARREN, ARTHUR L NAME NAME : STREET ADDRESS 13201 NW 45TH AVE STREET ADDRESS CITY-ST-7IP MIAMI FL CITY-ST-ZIP ☐ Change RITLE ☐ Delete TITIF ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS i<del>, .</del>... CITY#ST-ZIP CHTY-ST-7P TITLE ☐ Delete ■ Addition TITL F ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the Information supplied with this filling 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.

FILED

39-9200