

2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # 762842

1. Entity Name

THE SOUTH FLORIDA CHAPTER OF THE INTERNATIONAL P

FILED
May 16, 2000 8:00 am
Secretary of State

04-11-2000 90027 021 ****61.25

Principal Place of Business 1107 NE 118 STREET BISCAYNE PARK FL 33161	Mailing Address 1107 NE 118 STREET BISCAYNE PARK FL 33161-6441
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6120 SW 132 ST Suite, Apt. #, etc.	3. Mailing Address 6120 SW 132 ST Suite, Apt. #, etc.
City & State PINECREST FL	City & State PINECREST FL

4. FEI Number 59-2528151	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

Zip 33156	Country MIAMI DADE	Zip 33156	Country MIAMI DADE
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6. Name and Address of Current Registered Agent

KEYS, DANIEL
1107 NE 118 STREET
BISCAYNE PARK FL 33161

7. Name and Address of New Registered Agent

Name: HOWARD WADDELL
Street Address (P.O. Box Number is Not Acceptable): 6120 SW 132 ST.
City: PINECREST FL Zip Code: 33156

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: *[Signature]* HOWARD WADDELL TREASURER 4/7/2000
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	
TITLE: VD NAME: STERN, PETER S STREET ADDRESS: 8375 SW 185 TERR CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: TD NAME: HOWARD, WADDELL STREET ADDRESS: 6120 SW 132ND ST. CITY-ST-ZIP: MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE: PD NAME: KEYS, DANIEL STREET ADDRESS: 1107 NE 118TH ST CITY-ST-ZIP: BISCAYNE PARK FL 33161	<input checked="" type="checkbox"/> Delete
TITLE: CSD NAME: HAYNES, JODY STREET ADDRESS: 9525 JAMAICA DR CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D PRESIDENT NAME: STERN, PETER S STREET ADDRESS: 8375 SW 185 TERR CITY-ST-ZIP: MIAMI FL 33157	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D CORRESPONDING SECY NAME: HAYNES, JODY STREET ADDRESS: 9525 JAMAICA DR. CITY-ST-ZIP: MIAMI FL 33189	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* HOWARD WADDELL 4/7/2000 3056660476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)