

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90017 009 ****61.25

DOCUMENT # 840359

1. Entity Name

NATIONAL ASSOCIATION OF STORE FIXTURE MANUFACTUR

Principal Place of Business

Mailing Address

3595 SHERIDAN STREET
 #200
 HOLLYWOOD FL 33021
 US

3595 SHERIDAN STREET
 #200
 HOLLYWOOD FL 33021-3657
 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

36-2322620

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRIMAN, KLEIN
3595 SHERIDAN ST.
#200
HOLLYWOOD FL 33021

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Klein Merriman Secretary *1/14/00*

FILE NOW:
FEF 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	D	<input checked="" type="checkbox"/> Delete
NAME	BERNHEIM, MARTIN	
STREET ADDRESS	1371 SW EIGHTH ST #4	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ERNEST, RICHARD	
STREET ADDRESS	765 S. ROUTE 83	
CITY-ST-ZIP	ELMHURST IL 60126	
TITLE	S	<input type="checkbox"/> Delete
NAME	MERRIMAN, KLEIN	
STREET ADDRESS	1776 NORTH PINE ISLAND RD., STE. 102	
CITY-ST-ZIP	PLANTATION FL 33322-5233	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	VAN HORN, DUANE	
STREET ADDRESS	1016 RUSHWOOD COURT	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	T	<input type="checkbox"/> Delete
NAME	YATES, MARGARET L.	
STREET ADDRESS	609 N. LEVEE RD.	
CITY-ST-ZIP	POYALLUP WA	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARE III, ED	
STREET ADDRESS	2910 SCABOARD LANE	
CITY-ST-ZIP	LONG BEACH CA 90805	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Robert Reeve Frackelton	
STREET ADDRESS	9131 Bermudez St.	
CITY-ST-ZIP	PICO RIVERA, CA 90660	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	3595 Sheridan St. Suite 200	
CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	Jackie Glanz	
STREET ADDRESS	42 Windsor Place	
CITY-ST-ZIP	Central Islip, NY 11722	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *Klein Merriman* *1/14/00* *954-893-7200*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04 88 6-7600