

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 26, 2003 8:00 am
Secretary of State

08-26-2003 90023 003 *****61.25

DOCUMENT # N02000008368

1. Entity Name

SOUTHEASTERN COUNCIL OF IRONWORKERS EMPLOYERS, NC.



Principal Place of Business

**C/O MANUEL U. ESCORCIA
4532 SW 71 AVENUE
MIAMI FL 33155**

Mailing Address

**C/O MANUEL U. ESCORCIA
4532 SW 71 AVENUE
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

PO BOX 331411

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT GROVE, FLORIDA

Zip

Country

Zip

33233-0487

Country

MIAMI-DADE

4. FEI Number

77-0606727

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESCORCIA, MANUEL U
4532 SW 71 AVENUE
MIAMI FL 33155**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

MANUEL U ESCORCIA

AUGUST 22, 2003

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
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **JOHNSON, JAMES H**
STREET ADDRESS **3025 BLAINE STREET**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE **VD** ☐ Delete
NAME **DEBONIS, HAROLD R**
STREET ADDRESS **2571 LINCOLN AVENUE #3**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MAUS, ANTHONY K**
STREET ADDRESS **3001 JOSIE BILLY AVENUE**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **VICE-PRESIDENT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **ESCORCIA, MANUEL U**
STREET ADDRESS **90 W. 10 STREET #7**
CITY-ST-ZIP **HIALEAH FL 33010**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **MARK L STEFF**
STREET ADDRESS **1334 S KILLIAN DR #2**
CITY-ST-ZIP **LAKE PARK FL 33403**

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.

SIGNATURE:

SIGNATURE MANUEL U ESCORCIA

08/22/03 (305) 285-3136

CR2E037 (4/03)