2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04678

1. Entity Name

FLORIDA CHAPTER NATIONAL ASSOCIATION OF MASTER A



FILED Sep 14, 2001 8:00 am Secretary of State

09-14-2001 90034 049 ****61.25

Principal Place of Business		Mailing Address	
7081 SW 47TH STREE MIAMI FL 33155 US	त	PO BOX 5846 HUDSON FL 34669 US	
2. Principal Place of Business		3. Mailing Address	
2. Philiopal Place of	5 46,11000	or maining / coarsos	ļ.
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
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2. Principal P	Place of Business	3. Mai	Mailing Address								
Suite, Apt. #, etc. S		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State Ci			City & State		4. FEI Number 7	4. FEI Number 74-2335399					
Zip					ntry	5. Certificate of Status Desired Fee Required Fee					
	6. Name and Address of Currer	nt Registere	ed Agent			7. Name and Address of New Registered Agent					
					Name						
					Street Address (P.O. Box Number is Not Acceptable)						
SHANNON, RALPH M. 15717 BERTRAM DR				-							
HUDSON											
					City		FL	Zip Cod	е		
B. The above	named entity submits this statement	for the ourn	ose of changing its	registere	d office or rec	nistered agent, or both, in t		<u>-</u>			
3. 1110 00010	That is that you will be that of the that of the that of the the that of the the that of the	ioi ilio paip	oso or origing its	3 rogiotore	a 000 or 10g	giotorea again, or boar, iii	ino state or riorida.				
SIGNATURE .	Signature, typed or printed name of registered age	ant and title if oon	Nicable (NO)	E. Pogistores	Acent rigneture re	equired when reinstaling)	DATE				
	Signature, typed or printed frame or registered age	-T			Agent signature re	equired when remarkating)	DATE				
	THE NOWE FEE IO 404 AS	ŀ	. B. Fleation Ca	masian Fi		25.00	Material Object				
FILE NOW: FEE IS \$61.25 After September 12, 2001, min. will be \$236.25		226.25	Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make Check Added to Fees Department					
Aitei Septi	ember 12, 2001, mm. wm be :	\$230.23					Departine	III OI State	'		
10.	OFFICERS AND D	DIRECTORS		11.		ADDITIONS/CHANGE	S TO OFFICERS AND DI	RECTORS IN	10		
TITLE	TD		☐ Delete	TITLE				Change	☐ Addition {		
NAME ,	SHANNON, RALPH M.			NAME					}		
STREET ADDRESS SITY-ST-ZIP	15717 BERTRAM DR				T ADDRESS ST-ZIP		•		\		
	HUDSON FL 34667 SD			THILE	31-28			Сhange	Addition		
TITLE NAME	SIEMSEN, CELIA		☐ Delete	NAME	İ			C change	Addition		
STREET ADDRESS	315 E CENTRAL				T ADDRESS		ē)		
CITY-ST-ZIP=+	WINTER HAVEN FL 33880		- 1	CiTY-	ST-ZIP-	••					
TITLE	PD		☐ Delete	TITLE				☐ Change	Addition		
NAME	GARCIA, PEDRO J			NAME							
STREET ADDRESS	7081 SW 47TH ST				T ADDRESS						
CITY-ST-ZIP	MIAMI FL 33155			_	ST-ZIP						
TITLE NAME			☐ Delete	TITLE				Change	☐ Addition		
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STREET ADDRESS					T ADDRESS				Ì		
CITY-ST-ZIP			- <u></u> -	CITY-	ST-ZIP						
TITLE			☐ Delete	TITLE				Change	☐ Addition		
NAME				NAME					}		
STREET ADDRESS				STREE	T ADDRESS						

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: Salama Classica Series laf on francon 9/10/01 722 863 9555