

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90174 012 \*\*\*\*70.00

**DOCUMENT # N04733**

1. Entity Name  
**LOCAL 359, INC.**



Principal Place of Business <b>7811 S.W. CORAL WAY STE. #101 MIAMI FL 33155 US</b>	Mailing Address <b>7811 S.W. CORAL WAY STE. #101 MIAMI FL 33155 US</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **59-0534590** 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**

**RANGLES, JOHNNIE  
7811 CORAL WAY #101  
MIAMI FL 33155**

**7. Name and Address of New Registered Agent**

Name **DWIGHT MATTOX**  
Street Address (P.O. Box Number is Not Acceptable)  
**7811 Coral Way, Suite 101**  
City **Miami** FL Zip Code **33155**

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 **DWIGHT MATTOX PRESIDENT** DATE **1-21-03**

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RANGLES, JOHNNIE 7811 CORAL WAY STE 101 MIAMI FL 33155</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MATTOX DWIGHT 7811 Coral Way, ste 101 MIAMI, FLORIDA, 33155</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MATTOX, DWIGHT 7811 CORAL WAY STE 101 MIAMI FL 33155</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MILLER GENE 7811 Coral Way, ste 101 MIAMI, FLORIDA, 33155</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD KEELE, ROBERT B 7811 CORAL WAY, #101 MIAMI FL 33155</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD HENDERSON Philip 7811 Coral Way ste 101 MIAMI, FLORIDA, 33155</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSD KAMMER, T. L 7811 CORAL WAY #101 MIAMI FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSD FREDERICKS, SUE 7811 Coral Way, ste 101 MIAMI, FLORIDA, 33155</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RSD LARRUBIA, RALPH 7811 CORAL WAY STE 101 MIAMI FL 33155</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FSD FLYNN, STEVE 7811 CORAL WAY 101 MIAMI FL 33155</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: **Philip Henderson 1-25-03 305-261-1300**

CR2E037 (10/02)