

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 25, 2000 8:00 am
Secretary of State

02-05-2000 90022 014 ****61.25

DOCUMENT # N13246

1. Entity Name

SOUTH FLORIDA EMPLOYEES LABOR UNION, INC.

Principal Place of Business

Mailing Address

C/O GRANT, LARRY
 1570 NW 165 STREET
 MIAMI FL 33169

C/O GRANT, LARRY
 1570 NW 165 STREET
 MIAMI FL 33169-5646

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0032748

Applied For
 (Not Applicable)

Zip

Country

Zip

Country

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

GRANT, LARRY
1570 NW 165 STREET
MIAMI FL 33169

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GRANT, LARRY	1570 NW 165 STREET	MIAMI FL	<input type="checkbox"/>
STD	GALKO, THEA	1570 NW 165 STREET	MIAMI FL	<input checked="" type="checkbox"/>
D	ARANGO, MANUEL	1570 NW 165 STREET	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	ADRIANA FIGUEROA	1570 N.W. 165 STREET	MIAMI, FLORIDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00
 Date

305-623-8798
 Daytime Phone #