# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 08, 2000 8:00 am**
**Secretary of State**
06-08-2000 90037 014 ****61.25

DOCUMENT # N19668

1. Entity Name

ASBESTOS WORKERS LOCAL 60 HOLDING COMPANY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O ROBERT A. SUGARMAN<br>13000 NW 47 AVENUE<br>OPA LOCKA FL 33054 | C/O ROBERT A. SUGARMAN<br>13000 NW 47 AVENUE<br>OPA LOCKA FL 33054-4326 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| c/o Bryon Stevens | c/o Bryon Stevens |
| Suite, Apt. #, etc.: 13000 N.W. 47 Avenue | Suite, Apt. #, etc.: 13000 NW 47 Avenue |
| City & State: Opalocka FL | City & State: Opalocka, FL |
| Zip: 33054 Country: | Zip: 33054 Country: |

4. FEI Number: 59-0731419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BRYON STEVENS<br>13000 NW 47 AVE.<br>OPA-LOCKA FL 33054 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 | D<br>BRYON STEVENS<br>13000 NW 47TH AVE.<br>OPA-LOCKA FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LINEBACK, DON<br>13000 NW 47 AVE.<br>OPA LOCKA FL ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MARK HEATLEY<br>1215 N.E. 103rd Ave<br>OKEECKOBEE FL. 34974 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KNOWLES, LARRY<br>13000 NW 47TH AVE<br>OPA LOCKA FL ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LORENZ, MARK<br>13000 NW 47TH AVE<br>OPA LOCKA FL ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>John Griffiths Sr.<br>1450 SE BALCOURT CT.<br>PORT ST. LUCIE FL 34952 ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/99)

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 REQ~~ BRYON STEVENS 6/1/00 305-949-6305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #