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

FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90856 033 ****61.25

DOCUMENT # N19668

1. Entity Name
ASBESTOS WORKERS LOCAL 60 HOLDING COMPANY, INC.

Principal Place of Business	Mailing Address
C/O BYRON STEVENS 13000 NW 47 AVENUE OPA LOCKA FL 33054	C/O BYRON STEVENS 13000 NW 47 AVENUE OPA LOCKA FL 33054

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / 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

BRYON STEVENS
13000 NW 47 AVE.
OPA-LOCKA FL 33054

7. Name and Address of New Registered Agent

Name LANCE NIBLOCK
Street Address (P.O. Box Number is Not Acceptable) 13000 NW 47 AVE.
City OPA-LOCKA **FL** Zip Code 33054

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 LL

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRYON STEVENS 13000 NW 47TH AVE. OPA-LOCKA FL	☒ Delete	D LANCE NIBLOCK 13000 NW 47TH AVE. OPA-LOCKA FL 33054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRIFFITHS, JOHN SR. 13000 NW 47TH AVENUE OPA LOCKA FL	☒ Delete	D ROBERT CAMPBELL 13000 NW 47TH AVE. OPA-LOCKA FL 33054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNOWLES, LARRY 13000 NW 47TH AVE OPA LOCKA FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED LANCE NIBLOCK FINANCIAL SECRETARY 2-24-03 954452-2917

SIGNATURE AND TYPED OR PRINTED NAME AND TITLE OF OFFICER OR DIRECTOR DATE