

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N19908

1. Entity Name

INDUSTRY-ENVIRONMENTAL ASSOCIATION OF FLORIDA, I

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90056 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 66-1174  
 MIAMI SPRINGS FL 33266

P.O. BOX 66-1174  
 MIAMI SPRINGS FL 33266-1174



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2426068

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SPACE, SANDRA  
 20321 NE 14 AVE  
 MIAMI FL 33179

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	VP	<input type="checkbox"/> Delete
NAME	PERKINS, FRED	
STREET ADDRESS	16490 NW 13 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	AMBROSE, CHRIS	
STREET ADDRESS	13464 SW 91 TERR	
CITY-ST-ZIP	MIAMI FL 33186-1519	
TITLE	SDS	<input checked="" type="checkbox"/> Delete
NAME	HARRIS, ARNIE	
STREET ADDRESS	305 NW 20 TERRACE	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, KEITH	
STREET ADDRESS	7300 N.W. 54 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PADOWITZ, PETER	
STREET ADDRESS	2160 OPA LOCKA BLVD.	
CITY-ST-ZIP	OPA LOCKA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUX, HANS	
STREET ADDRESS	3663 NW 21 ST.	
CITY-ST-ZIP	MIAMI FL 33142	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMA Dmytriw	
STREET ADDRESS	3550 NW 49 St.	
CITY-ST-ZIP	Miami, FL. 33142	
TITLE	SDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN MacKenzie	
STREET ADDRESS	10100 NW 25 St.	
CITY-ST-ZIP	Miami, FL. 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joe Richards Esq.	
STREET ADDRESS	200 S. Biscayne Blvd	
CITY-ST-ZIP	Miami FL. 33131-2352	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Sandra Space*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-00 3056524373  
 Date Daytime Phone #

CR2E037 (9/99)