

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0044853

DOCUMENT # N19908

1. Entity Name

INDUSTRY-ENVIRONMENTAL ASSOCIATION OF FLORIDA, I

04-11-2001 90072 017 ****61.25

Principal Place of Business

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

Mailing Address

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

UUU34233



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

SPACE, SANDRA
20321 NE 14 AVE
MIAMI FL 33179

7. Name and Address of New Registered Agent

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

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	DMYTRIW, NORMA	
STREET ADDRESS	3550 NW 49 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	SDS	<input type="checkbox"/> Delete
NAME	MACKENZIE, MARY A	
STREET ADDRESS	10100 NW 25 ST	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	TD	<input checked="" 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	RICHARDS, JOE E	
STREET ADDRESS	200 S. BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL 33131-2352	
TITLE	D	<input type="checkbox"/> Delete
NAME	KUX, HANS	
STREET ADDRESS	3663 NW 21 ST.	
CITY-ST-ZIP	MIAMI FL 33142	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	ANDY Roman	
STREET ADDRESS	4355 NW 128 St.	
CITY-ST-ZIP	OPA LOCKA FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 (SANDRA SPACE) 2-10-01 3056324373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)