

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90033 001 ****61.25

DOCUMENT # N25783

1. Entity Name

I.B.E.W. LOCAL UNION NO. 759 BUILDING CORPORATION



Principal Place of Business

**C/O ROBERT A. SUGARMAN
301 N.E. 1ST STREET
POMPANO BEACH FL 33060-6607**

Mailing Address

**C/O ROBERT A. SUGARMAN
301 N.E. 1ST STREET
POMPANO BEACH FL 33060-6607**

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

59-6135947

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

**SUGARMAN, ROBERT A.
5959 BLUE LAGOON DR.
SUITE 150
MIAMI FL 33126**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

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

TITLE ☐ Delete
NAME SKILLAS, GEORGE A.
STREET ADDRESS 301 NE 1ST
CITY - ST - ZIP POMPANO BEACH FL

TITLE ☐ Delete
NAME MURPHY, KEITH
STREET ADDRESS 301 RTC
CITY - ST - ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME *COCHRANE* COCHRANE, JOANNE
STREET ADDRESS 301 NE 1ST STREET
CITY - ST - ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME PAUL, RON
STREET ADDRESS 301 ETC
CITY - ST - ZIP POMPANO BCH. FL 33060

TITLE ☐ Delete
NAME *Tim Naymark - Vice President*
STREET ADDRESS 301 NE 1ST ST
CITY - ST - ZIP POMPANO BEACH FL 33060

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Joanne Cochran - Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/04

954-946-8551