2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43993 1. Entity Name R LOCAL LODGES 368 AND 2643, IAMAW, BUILDING CORPO 69

FILED Jul 07, 2000 8:00 am Secretary of State

07-07-2000 90395 029 ****61.25

| ### Address of Business Sulps: Agit # atc | COOME | ODGEO COO HITO ECTO, HUTE | (11) 0012011144 00111 | • , , | · } | | | | |
|---|---------------------|--|---------------------------------------|---------------------------|--------------------------------|-----------------------------|-----------------------------|-------------|---------------------------------|
| ### Additional Place of Business 2. Principal Place of Business Suite, Agt. #, etc. Suite, | 691 SHERIDAN DRIVE | | Mailing Address | | | | | | |
| Suite, Apt. #, etc. Coling & State Country Zip Country S-Certificate of Status Desired S8.75 Additional Res Required | | | | | | } | | | |
| Sure, Act. #, etc. Sure, Act. #, etc. DO NOT WRITE IN THIS SPACE | | | | | | 1991 | 19 ())) 11 9 () 111) | | i)) 912 () (90) |
| City & State City & State City & State City & State Country Zip Country S. Certificate of Status Desired S. S. 75 Applicable Not Applicable Not Applicable Status Desired S. S. 75 Applicable Status Desired Status Des | 2. Principal P | Place of Business | 3. Mailing Address | | } | | | | |
| School Status Desired Status Desir | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRI | TE IN THIS SF | PACE | |
| Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8. | City & State | | City & State | | 4. FEI Nu | umber 65-0267282 | | 1-4- | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHNSON, JEFF S 691 SHERIDAN DRIVE MAMI SPRINGS FL 33168 City FL Zip Codd B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Fonda. SIGNATURE FILE NOW: FEE IS \$61.25 PL Electon Campaign Financing Trust Fund Contribution. Added to Faes MORROW, DONALD (368) Trust Fund Contribution. TRIE MORROW, DONALD (368) MORROW, DONALD (368) MORROW, DONALD (368) SIREE ADDRESS DOTH ST-29 PLANTATION FL 33322 CITY-ST-29 PLANTATION FL 33322 DOHNSON, JEFF SIREE ADDRESS JOHNSON, JEFF SIREE ADDRESS JOHNSON, JEFF TILE STD JOHNSON, JEFF MAME STREET ADDRESS JOHNSON, JEFF MAME STREET ADDRESS JOHNSON, JEFF MAME STREET ADDRESS STREET ADDRESS GITY-ST-29 JOHNSON, JEFF MAME STREET ADDRESS STREET ADDRESS GITY-ST-29 JOHNSON, JEFF MAME STREET ADDRESS GITY-ST-29 JOHNSON, JEFF Addition MAME STREET ADDRESS GITY-ST-29 JOHNSON, JEFF MAME STREET ADDRESS GITY-ST-29 JOHNSON, JEFF Addition ADDRESS JOHNSON, JEFF | Zip | Country | Zip | Country | 5. Certifi | cate of Status Desired | | 8.75 Add | ditional |
| JOHNSON, JEFF S 691 SHERIDAN DRIVE MAMI SPRINGS FL 33168 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 Si | | 6. Name and Address of Current F | Registered Agent | | | | Registered Ag | | |
| SIGNATURE Signature Signa | | | | =Name= | | | ما المنظمة والمنظمة | | |
| B. 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 | | | | Street A | Address (P.O. Box Nu | mber is Not Acceptable | 9) | | |
| R. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the state of Fiorida. SIGNATURE Signature, hyped or orinad name of registered sport and title floodicable (NOTE Registered Agent synature required when remainding) DIFTE | | | | | | | | | |
| B. 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 Signat | MINNI SEI | MINGS PL 33100 | | City | | | FL | Zip Cod | e |
| SIGNATURE Signature Special or or includ name of registered agent and 15s it applicable (NOTE Registered Agent Synature required when remaining) DATE | 8. The above | named entity submits this statement for | the purpose of changing its | registered office of | or registered agent, o | r both, in the state of Flo | orida. | | |
| Time | SIGNATURE . | Signature, typed or printed name of registered agent a | nd title it applicable (NOTi | E: Registered Agent signs | iture required when reinstahin | g) | DATE | | |
| Title | | | | | | | | | |
| TITLE | | | · · · · · · · · · · · · · · · · · · · | | \$5.00 May Be Added to Fees | | | | |
| MORROW, DONALD (368) STREET ADDRESS CITY-ST-ZIP TITLE PD Delete TITLE SAMPEDRO, JUAN STREET ADDRESS CITY-ST-ZIP TITLE STD Delete STREET ADDRESS CITY-ST-ZIP TITLE STD Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STD Delete TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS | 10. | OFFICERS AND DIR | ECTORS | 11. | ADDITIONS | /CHANGES TO OFFICE | RS AND DIR | CTORS IN | 110 |
| STREET ADDRESS CITY-ST-ZIP TITLE PD Delete STREET ADDRESS CITY-ST-ZIP FITTLE SAMPEDRO, JUAN STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33193 CITY-ST-ZIP TITLE STD Delete STREET ADDRESS CITY-ST-ZIP JOHNSON, JEFF 14180 S.W. 48TH ST, #G-501 CITY-ST-ZIP TITLE STD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STD Delete TITLE STD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STD Delete TITLE STD Delete TITLE STD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STD Delete TITLE NAME STEWART, CLARETHA STEWART, CLARETHA STEWART, CLARETHA STEWART, CLARETHA STEWART, CLARETHA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE T | | | ☐ Delete | | | | | Change | ☐ Addition |
| CITY-ST-ZIP | | | | 2 | | ļ | | | |
| TITLE NAME SAMPEDRO, JUAN STREET ADDRESS CITY-ST-ZIP. MIAMI-FL-33193 TITLE STD Delete TITLE STD Delete TITLE STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33183 TITLE STEWART, CLARETHA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | | 1 | | | | ! | | | |
| STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33193 TITLE NAME JOHNSON, JEFF STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33183 TITLE NAME STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33183 CITY-ST-ZIP MIAMI-FL-33183 TITLE STD STREET ADDRESS CITY-ST-ZIP MIAMI-FL-33183 TITLE STD STREET ADDRESS CITY-ST-ZIP TITLE STD STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33055 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS | TITLE | PD | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| CITY-ST-ZIP | | | | | | | | | |
| TITLE STD Delete TITLE Delete Del | | | | | | <u> </u> | <u> </u> | | |
| 14180 S.W. 48TH ST, #G-501 STREET ADDRESS CITY-ST-ZIP | TITLE | | □ Delete | TITLE | | 1 | | ☐ Change | ☐ Addition |
| CITY-ST-ZIP MIAMI FL 33183 CITY-ST-ZIP TITLE STD Delete TITLE STEWART, CLARETHA STREET ADDRESS CITY-ST-ZIP TITLE OPA LOCKA FL 33055 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS S | NAME | JOHNSON, JEFF | | II. | | | | | |
| TITLE STD Delete TITLE STD Change Addition NAME STEWART, CLARETHA 4609 N.W. 190TH STREET OPA LOCKA FL 33055 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | 1 | | i i | | | |
| NAME STREET ADDRESS CITY-ST-ZIP OPA LOCKA FL 33055 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | | | <u> </u> | | Chance | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | | | L_ Delete | | | | | L_I Change | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition CHange Addition Addition Change Addition Addition Change Addition Addition STREET ADDRESS STREET ADDRESS | | | • | STREET ADDRESS | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | CITY-ST-ZIP | | | CITY-ST-ZIP | | <u> </u> | | | |
| STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Change Addition NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | | | Delete | • | | | | Change | Addition |
| CITY-ST-ZIP CITY-ST-ZIP TITLE ITITLE NAME NAME STREET ADDRESS STREET ADDRESS | | | | | | | | | |
| TITLE Delete TITLE Change Addition NAME STREET ADDRESS TITLE STREET ADDRESS | | | | | | | | | |
| NAME STREET ADDRESS STREET ADDRESS | | | ☐ Delete | | | | | ☐ Change | ☐ Addition |
| | | | | l i | | į. | | - 5 | _ |
| CUTY CT 700 L | | | | | 1 | j : | | | |
| 12. Thereby certify that the information supplied with this filling 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 supplementations of the second source and that my signature shall have the same legal affect as if made under early that I am an officer or director. | CITY-ST-ZIP | | | CITY-ST-ZIP | <u> </u> | <u> </u> | | | |

executed his seport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: