

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90002 015 ****61.25

004234

DOCUMENT # N43993

1. Entity Name

LOCAL LODGES 368 AND 2643, IAMAW, BUILDING CORPO

Principal Place of Business

Mailing Address

**691 SHERIDAN DRIVE
 MIAMI SPRINGS FL 33166**

**691 SHERIDAN DRIVE
 MIAMI SPRINGS FL 33166**

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

65-0267282

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

**JOHNSON, JEFF S
 691 SHERIDAN DRIVE
 MIAMI SPRINGS FL 33166**

Name

HENDERSON, YVETTE

Street Address (P.O. Box Number is Not Acceptable)

691 SHERIDAN DRIVE

City

MIAMI SPRINGS

FL

Zip Code

33166

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

Donald T Morrow

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

May-1-01

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 PD ☐ Delete
 NAME MORROW, DONALD (368)
 STREET ADDRESS 10701 NW 14 ST #260
 CITY-ST-ZIP PLANTATION FL 33322

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

TITLE PD ☒ Delete
 NAME SAMPEDRO, JUAN
 STREET ADDRESS 14851 S.W. 59TH STREET
 CITY-ST-ZIP MIAMI FL 33193

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

TITLE STD ☒ Delete
 NAME JOHNSON, JEFF
 STREET ADDRESS 14180 S.W. 48TH ST, #G-501
 CITY-ST-ZIP MIAMI FL 33183

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

TITLE STD ☐ Delete
 NAME STEWART, CLARETHA
 STREET ADDRESS 4609 N.W. 190TH STREET
 CITY-ST-ZIP OPA LOCKA FL 33055

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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:

Donald T Morrow

5-1-01

954-474-3450

CR2E037 (10/00)