

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90055 026 \*\*\*\*61.25

**DOCUMENT # N43993**

1. Entity Name

**LOCAL LODGES 368 AND 2643, IAMAW, BUILDING CORPO  
 RATION**

Principal Place of Business

Mailing Address

**691 SHERIDAN DRIVE  
 MIAMI SPRINGS FL 33166**

**691 SHERIDAN DRIVE  
 MIAMI SPRINGS FL 33166**

**429074**



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

**65-0267282**

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

**HENDERSON, YVETTE  
 91 SHERIDAN DRIVE  
 MIAMI SPRINGS, FL 33166**

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

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

TITLE ☐ Delete  
 NAME **PD RODRIGUEZ, WILDREDO**  
 STREET ADDRESS **3020 N 72 AVENUE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33024**

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

TITLE ☐ Delete  
 NAME **STD MENDERSON, YVETTE**  
 STREET ADDRESS **13172 SW 51ST STREET**  
 CITY-ST-ZIP **MIRAMAR FL 33027**

TITLE ☐ Change ☐ Addition  
 NAME **HENDERSON, YVETTE**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Yvette Henderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)