

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90074 002 ****61.25

DOCUMENT # N93000000742

1. Entity Name

I.L.A. LOCAL NO. 1416 RETIREE CLUB INC.

Principal Place of Business

Mailing Address

**ILA RETIREE CLUB INC
 MIAMI FL 33136**

**816 N.W. 2ND AVE.
 MIAMI FL 33136**

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

65-0448906

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLAXMAN, NEIL
 550 BILTMORE WAY
 STE 780
 CORAL GABLES FL 33134**

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)

[Handwritten Signature]
 DATE **2/19/02**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	SIMMONS, ULYSSES	816 N.W. 2ND AVE.	MIAMI FL 33136	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	ADAMS, LEON	941 NW 174TH ST	MIAMI FL 33169	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DFS	YOUNG, LINCOLN	816 N.W. 2ND AVE.	MIAMI FL 33136	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
T	TUFF, LOUIS	675 IVERY DAIRY RD., APT. 209	NO. MIAMI FL 33179	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
S	SYMONETTE, ELAINE	1520 NW 132 ST	MIAMI FL 33167	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-06-02 ³⁰⁵ **371-6781**

CR2E037 (9/01)