

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90124 046 \*\*\*\*61.25

**DOCUMENT # N95000000674**

1. Entity Name

**INTERNATIONAL UNION OF ELECTRONICS, ELECTRICAL,  
 TECHNICAL, SALARIED, MACHINE AND FURNITURE WORKE**

Principal Place of Business

Mailing Address

**936 SW 68TH AVE.  
 MIAMI FL 33144**

**936 SW 68TH AVE.  
 MIAMI FL 33144**

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

**NOT APPLICABLE**

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

**OTERO, JUAN E  
 9830 SW 49TH STREET  
 MIAMI FL 33165**

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 reinstalling)

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	P	<input type="checkbox"/> Delete
NAME	OTERO, JUAN E	
STREET ADDRESS	9830 SW 49TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPEER, RALPH V	
STREET ADDRESS	7123 NW 44TH STREET	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input type="checkbox"/> Delete
NAME	LEWIS, IRA	
STREET ADDRESS	11001 NW 20 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALTERS, JAKE	
STREET ADDRESS	1720 NW 36TH TERRACE	
CITY-ST-ZIP	PEMBORKE PINES FL 33066	
TITLE	D	<input type="checkbox"/> Delete
NAME	SZANKE, RAYMOND	
STREET ADDRESS	1200 EAST 183RD STREET	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	S	<input type="checkbox"/> Delete
NAME	REIN, REDIK	
STREET ADDRESS	9765 SW 52 STREET	
CITY-ST-ZIP	MIAMI FL 33165	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Juan E. Otero*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/24/2002. 305 920 5353.

Date Daytime Phone #

CR2E037 (9/01)