

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000674

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** INTERNATIONAL UNION OF ELECTRONICS, ELECTRICAL, TECHNICAL, SALARIED, MACHINE  
AND FURNITURE WORKERS, AFL-CIO LOCAL UNION #736 MIAMI, FT. LAUDERDALE INC.

**Current Principal Place of Business:**

11001 NW 20 ST  
HOLLYWOOD, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

11001 NW 20 ST  
HOLLYWOOD, FL 33026

**New Mailing Address:**

**FEI Number:** 59-6209523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEWIS, IRA  
11001 NW 20 ST  
PEMBROKE PINES, FL 33026 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SZWANKE, RAYMOND  
Address: 1200 NE 183 ST  
City-St-Zip: MIAMI, FL 33179

Title: VP ( ) Delete  
Name: FREDERICK, EDWARD  
Address: 841 MONTICELLO AVE  
City-St-Zip: DAVIE, FL 33325

Title: T ( ) Delete  
Name: LEWIS, IRA  
Address: 11001 NW 20 ST  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete  
Name: WALTERS, JAKE  
Address: 1720 NW 36TH TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33066

Title: D ( ) Delete  
Name: CAMEJO, RUDOLFO  
Address: 19600 SW 79 CT  
City-St-Zip: MIAMI, FL 33187

Title: S ( ) Delete  
Name: REIN, REDIK  
Address: 9765 SW 52 STREET  
City-St-Zip: MIAMI, FL 33165

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRA L. LEWIS

T

01/18/2009

Electronic Signature of Signing Officer or Director

Date