FILED
Feb 21, 2003 8:00 am
Secretary of State
01-13-2003 90057 029 ****61.25

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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55009488

DOCUMENT # N97000001913

1. Entity Name
FREIGHT DRIVERS, WAREHOUSEMEN, HELPERS, BAKERY S ALESMAN, AND DAIRY EMPLOYERS, LOCAL UNION 390 BU

Principal Place of Business	Mailing Address
12365 W DIXIE HIGHWAY NORTH MIAMI FL 33161	12365 W DIXIE HIGHWAY NORTH MIAMI FL 33161

☐ CHECK HERE IF MAKING CHANGES

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 59-0481717 ☐ 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
PHILLIPS, RICHARD, RIND & NAVARRETE, P.A. 6950 N. KENDALL DRIVE MIAMI FL 33156	Name Sugarman & Susskind, P.A. Street Address (P.O. Box Number is Not Acceptable) 2301 Ponce de Leon Suite 750 City Coral Gables FL Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PAPE, GERALDINE 12365 W DIXIE HIGHWAY NORTH MIAMI FL 33161	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	International Representative Jim Blanchard 12365 West Dixie Highway North Miami, FL 33161 D	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KNOWLES, ANDRE 12365 W DIXIE HIGHWAY NORTH MIAMI FL 33161	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Eduardo Valero 12365 West Dixie Highway North Miami FL 33161 T	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MARR, DONALD 12365 W DIXIE HIGHWAY NORTH MIAMI FL 33161	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John J. Massa 12365 West Dixie Highway North Miami FL 33161 T	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: X SIGNATURE REQUIRED 305 642-6255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #