

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N97000002772

1. Entity Name

NATIONAL ASSOCIATION OF VOLUNTEER MEETING PLANNE

FILED
May 16, 2000 8:00 am
Secretary of State

03-02-2000 90101 029 ****61.25

Principal Place of Business

Mailing Address

2450 HOLLYWOOD BLVD SUITE 301
HOLLYWOOD FL 33020

2450 HOLLYWOOD BLVD SUITE 301
HOLLYWOOD FL 33020-6624

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0756888

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

SPIEWAK, PAUL
500 THREE ISLANDS
SUITE 527
HALLANDALE FL 33009

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 is 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

TITLE	STD	<input type="checkbox"/> Delete
NAME	SPIEWAK, PAUL	
STREET ADDRESS	500 THREE ISLANDS BLVD APT. 527	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SPIEWAK, JOAN	
STREET ADDRESS	500 THREE ISLANDS BLVD, #527	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAIS, ANDREW	
STREET ADDRESS	8217 NW 70 ST	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARC SPIEWAK	
STREET ADDRESS	10815 RICHMOND PL	
CITY-ST-ZIP	HOLLYWOOD FL 33026	
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		
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		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)