FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # **N98000005928** 1. Entity Name 07-2002 90572 033 ****61 25 SHEET METAL WORKERS LOCAL 32 SCHOLARSHIP FUND, I NC. Principal Place of Business Mailing Address 20375 NE 15TH COURT 20375 NE 15TH COURT NORTH MIAMI BEACH FL 33179-2709 NORTH MIAMI BEACH FL 33179-2709 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0893068 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) STEWART, LARRY 20375 NE 15TH COURT NORTH MIAMI BEACH FL 33179-2709 City 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (9/01) ☐ Delete TITLE ☐ Addition TITLE CRAVEY, JOHN NAME NAME STREET ADDRESS **CR2E037** 20375 NE 15TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33179-2709 ☐ Change ☐ Addition ☐ Delete TITLE TITLE BENNETT, EDWARD P NAME NAME STREET ADDRESS STREET ADDRESS 5906 FARRAGUT ST. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 TITLE ☐ Delete TITLE ☐ Change ☐ Addition GIORDANO, PAUL NAME NAME 20375 NE 15TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33179-2709 STD TITLE ☐ Delete TITLE Change Addition NAME STATLER, SCOTT NAME STREET ADDRESS STREET ADDRESS 20375 NE 15TH COURT CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33179-2709 ☐ Addition TITLE ☐ Delete TITLE ☐ Change STEWART, LARRY NAME NAME STREET ADDRESS 20375 NE 15TH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33179-2709 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attact men) with an address, with all other like empowered.

SIGNATURE