

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90073 025 \*\*\*158.75

**DOCUMENT # P03000112756**

1. Entity Name

**FLORIDA OPTIONAL RESOURCES FOR UNION MEMBERS, INC**



Principal Place of Business

1155 BRICKELL BAY DRIVE  
2010  
MIAMI FL 33131

Mailing Address

1155 BRICKELL BAY DRIVE  
2010  
MIAMI FL 33131

**24022076**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

8715 W. BROWARD BLVD.  
SUITE 300

3. Mailing Address

1155 BRICKELL BAY DR.  
# 2010

Suite, Apt. #, etc.

FT. LAUDERDALE, FL

Zip  
33324

Country  
USA

Suite, Apt. #, etc.

MIAMI, FL

Zip  
33131

Country  
USA

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RISK MANAGEMENT SAFETY CONSULTANTS, INC  
1155 BRICKELL BAY DRIVE  
2010  
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P,T ☐ Delete  
NAME NOLAN, KIM  
STREET ADDRESS 1155 BRICKELL BAY DRIVE, # 2010  
CITY-ST-ZIP MIAMI FL 33131

TITLE VP,S ☐ Delete  
NAME MALOOF, AL  
STREET ADDRESS 1155 BRICKELL BAY DRIVE, # 2010  
CITY-ST-ZIP MIAMI FL 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D,VP, S ☒ Change ☐ Addition  
NAME MALOOF, AL  
STREET ADDRESS 1155 BRICKELL BAY DR. #2010  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04  
Date

305-349-2800  
Daytime Phone #