

# FORM LM-20

## AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 10-31-2013

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties, as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

529347

1. File Number: c-65571

### Person Filing

2. Name and mailing address: (include ZIP Code):

Name Steve Maritas

Title Labor Relations Consultant

Organization

P.O. Box, Bldg., Room No., if any

Street 494 Fox Hills Drive N # 1

City Bloomfield Hills

State Michigan

☒ ZIP Code + 4 48304

3. Any other address where records necessary to verify this report are kept:

Name

Title

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State

☒ ZIP Code + 4

4. Date fiscal year ends:

Dec ☒ / 31

5. Type of person:

a. ☒ Individual b. ☐ Partnership c. ☐ Corporation d. ☐ Other (Specify):

### Nature of Agreement or Arrangement

6. Full name and address of employer with whom made: (include ZIP Code):

Name Ivelices Linares

Organization Garda Cash Logistics

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street 700 South Federal Highway

City Boca Raton

State Florida

☒ ZIP Code + 4 33432

7. Date entered into:

4 / 14 / 2013

8. Name of person(s) through whom made:

Name

Name

Name

Name

Name

### Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed

Title Sole Proprietor

President  
(If other title, see  
instructions)

14. Signed

Title

Treasurer  
(If other title, see  
instructions)

On 5/13/2013

Date

1-800-212-2640

Telephone Number

On

Date

Telephone Number

9. Check the appropriate box to indicate whether an object of the activities undertaken, is directly or indirectly:

- a. ☒ To persuade employees to exercise or not to exercise, or persuade employees as to the manner of exercising, the right to organize and bargain collectively through representatives of their own choosing.
- b. ☐ To supply an employer with information concerning the activities of employees or a labor organization in connection with a labor dispute involving such employer, except information for use solely in conjunction with an administrative or arbitral proceeding or a criminal or civil judicial proceeding.

10. Terms and conditions (Explain in detail; see instructions. Written agreements must be attached.):

Verbal agreement to be paid by the day as needed. Expenses reimbursed.

**Specific Activities to be Performed**

11. For each activity, separately list in detail the information required (See instructions):

a. Nature of activity:

To inform employees of their section 7 rights and to answer questions regarding collective bargaining.

11.b. Period during which performed:

4/15/2013 to 4/19/2013

11.c. Extent performed:

11.d. Name and address through whom performed:

Name: Steve Maritas

Organization

P.O. Box, Bldg., Room No., if any

Street 494 Fox Hills Drive N # 1

City Bloomfield Hills

State Michigan



ZIP Code + 4 48304

Additional Name and address through whom performed, if any:

Name

Organization

P.O. Box, Bldg., Room No., if any

Street

City

State



ZIP Code + 4

12.a. Identify subject groups of employees:

Garda Drivers & Messengers Orlando Florida

12.b. Identify subject labor organizations:

A labor organization calling itself SPFPA