

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90041 003 \*\*\*\*61.25

**DOCUMENT # 741779**

1. Entity Name

**PARALYZED VETERANS ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

6200 NO ANDREWS AVENUE  
 FORT LAUDERDALE FL 33309

6200 NO ANDREWS AVENUE  
 FORT LAUDERDALE FL 33309-2129

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-1946868**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**RAZZANO, ERNEST A**  
**6523 NW 28TH COURT**  
**MARGATE FL 33063**

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 if 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	IPP	<input type="checkbox"/> Delete
NAME	PEDRO DE ARMAS	
STREET ADDRESS	1206 ROYAL TERN DR	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, JERRY D.	
STREET ADDRESS	936 INTRACOASTAL, #703	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	DAVID MONSON	
STREET ADDRESS	1400 NW 19TH ST, #204	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ERNEST A. RAZZANO	
STREET ADDRESS	6523 NW 28TH CT	
CITY-ST-ZIP	MARGATE FL	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	WALTER REX	
STREET ADDRESS	9656 ARAIA WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
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 OF ERNEST A. RAZZANO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

954-771-7822

Daytime Phone #