

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 741779

FILED
Jan 30, 2003
Secretary of State

Entity Name: PARALYZED VETERANS ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

6200 NO ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6200 NO ANDREWS AVENUE
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-1731533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: IPP () Delete
Name: PEDRO DE ARMAS,
Address: 1206 ROYAL TERN DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: JONES, JERRY D.
Address: 936 INTRACOASTAL, #703
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: P () Delete
Name: DAVID MONSON,
Address: 1400 NW 19TH ST, #204
City-St-Zip: MIAMI, FL 33125

Title: BOD () Delete
Name: ERNEST A. RAZZANO,
Address: 6523 NW 28TH CT
City-St-Zip: MARGATE, FL 33063

Title: BMD () Delete
Name: WALTER REX,
Address: 9656 ARALIA WAY
City-St-Zip: BOYNTON BEACH, FL 33436

Title: S () Delete
Name: COLLETTE, THOMAS E
Address: 15326 LAKE WILDFLOWER ROAD
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: JONES, JERRY D.
Address: 936 INTRACOASTAL, #703
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: SD (X) Change () Addition
Name: JONES, JERRY
Address: 6537 JOG ESTATES LANE
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP (X) Change () Addition
Name: ERNEST A. RAZZANO,
Address: 6523 NW 28TH CT
City-St-Zip: MARGATE, FL 33063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: COLLETTE, THOMAS E
Address: 15326 LAKE WILDFLOWER ROAD
City-St-Zip: DELRAY BEACH, FL 33484

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. COLLETTE

PD

01/30/2003

Electronic Signature of Signing Officer or Director

_____ Date