

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90002 018 *****61.25

WJ 60026

DOCUMENT # N04106

1. Entity Name

VIETNAM VETERANS OF AMERICA, CHAPTER 121, MIAMI, FLORIDA, INC.

Principal Place of Business

Mailing Address

**45 ALMERIA AVE.
 CORAL GABLES FL 33134**

**P O BOX 14-2141
 CORAL GABLES FL 33114-2141
 US**

80020484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2508261

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

**ORTIZ, EPIE
 11794 SW 273RD LANE
 HOMESTEAD FL 33032**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, MICHAEL	NAME	
STREET ADDRESS	PO BOX 416154 N/A	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORP, JOHN	NAME	
STREET ADDRESS	12370 SW 225 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33170	CITY-ST-ZIP	
TITLE	D. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBRINO, CARLOS	NAME	
STREET ADDRESS	1182 MEADOWLARK AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMANUS, BRUCE	NAME	
STREET ADDRESS	13830 SW 96 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTEZ, EPIE	NAME	
STREET ADDRESS	11794 SW 273RD LANE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE, GARY E	NAME	
STREET ADDRESS	12270 SW 30TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL FL	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:

GARY R. LEE
GARY R. LEE 1/24/02

305-995-3022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)