2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44203 1. Entity Name SPANISH-AMERICAN VETERANS ASSOCIATION, INC.						Jan 18, 2000 8:00 am Secretary of State 01-18-2000 90037 041 ****61.25				
Principal Plac	e of Business	Mailing Address								
P. O. BOX 447 MELBOURNE FL 32902		P. O. BOX 447 MELBOURNE FL 32902-0447			:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- - ·		
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT WRITE	IN THIS	SPACE	
City & State		City & State				4. FEI Numbe	59-3063873			plied For t Applicable
Zip	Country	Zip Co		untry	5. Certificate		of Status Desired		\$8.75 Add Fee Required	itional
6. Name and Address of Current Registered Agent CLOWNEY, LUPE M. 2420 GRAND TETON ST MELBOURNE FL 32909				Street Ad	7. Name and Address of New Reme FRANK Romero eet Address (P.O. Box Number is Not Acceptable)			gistered .		
MELBOUR	NE FL 32909			City 2. (FL Zip Code 7		
SIGNATURE	Signature, typed or printed name of registered agent a FILE NOW: FEE IS \$61,25	9. Election Campaig Trust Fund Contrib	ın Financi		re required	when reinstating) O May Be to Fees	Make		Payable to	
10. TITLE NAME	OFFICERS AND DIR P CLOWNEY, LUPE M.	ECTORS *** Delete	11. TITL	E	Pre	sident NK Rom		S AND DI	RECTORS IN Change	10 Addition
STREET ADDRESS CITY-ST-ZIP TITLE	2420 GRAND TETON ST MELBOURNE FL	⊠ Delete		EET ADDRESS '-ST-ZIP	Pas	. Presidani	132907		Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ, PEDRO 1500 WIGMORE ST SE PALM BAY FL			EET ADDRESS '-ST-ZIP	TONI 620 BAL	y Contes Petrcan Ellita Bea	or. uh, fl 3299	3 7		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLON-ROBLES, CARLOS A 918 YUMA ST SE PALM BAY FL 32909	☐ Delete			ىي - جـ	٠		agent e de Laine, Se an 1	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEDRAZA, RAFAEL 1895 BLAINE ST.N.E. PALM BAY FL	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARRERO, JUAN 6790 BABCOCK ST. S.E. PALM BAY FL	☐ Delete							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMERO, FRANK 178 NEMO CIRCLE PALM BAY FL	⊠ Delete		1	Geo. 118 Pal	melet 3 Homer m Bay Fl	22 TON 5TNW 32907	tee	Change	☐ Addition
indicatéo of the co	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empo , or on an attachment with an address, v	true and accurate and that wered to execute this repor	my signa t as requi d.	ture shall ha red by Char	ive the s ster 617	same legal effec	t as if made under oa Mand that my name	ith; that I appears i	am an officer	or director Block 11 if

SRAWWERE REQUIRED SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

DII DD