

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90064 024 ****61.25

DOCUMENT # N44203

1. Entity Name

SPANISH-AMERICAN VETERANS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 447
 MELBOURNE FL 32902

P. O. BOX 447
 MELBOURNE FL 32902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3063873

Applied For

Not Applicable

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

ROMERO, FRANK
178 NEMO CIRCLE
PALM BAY FL 32907

Name **CLOWNEY-LUPE M.**

Street Address (P.O. Box Number is Not Acceptable)

73 ANCHOR DR

City **Indian Harbour Beach FL**

Zip Code **32937**

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

Lupe M. Clorney

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/02

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

TITLE ☒ Delete
 NAME **P ROMERO, FRANK**
 STREET ADDRESS **178 NEMO CIRCLE**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE ☐ Change ☐ Addition
 NAME **P CLOWNEY LUPE M.**
 STREET ADDRESS **73 ANCHOR DR**
 CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE ☒ Delete
 NAME **VP CORTES, TONY**
 STREET ADDRESS **620 PELICAN DRIVE**
 CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE ☒ Change ☐ Addition
 NAME **VP VELEZ MANUEL A.**
 STREET ADDRESS **160 WICKHAM LAKES DR.**
 CITY-ST-ZIP **VIERA, FLORIDA 32940**

TITLE ☐ Delete
 NAME **S COLON-ROBLES, CARLOS A**
 STREET ADDRESS **918 YUMA ST SE**
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T PEDRAZA, RAFAEL**
 STREET ADDRESS **1895 BLAINE ST.N.E.**
 CITY-ST-ZIP **PALM BAY FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **T FLORES, JORGE**
 STREET ADDRESS **698 DAVIDSON STREET**
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **T SOTO, JOSE**
 STREET ADDRESS **120 ELDRON BLVD**
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE ☒ Change ☐ Addition
 NAME **T DUMENG HERIBERTO**
 STREET ADDRESS **298 CAMERON ST. SE**
 CITY-ST-ZIP **PALM BAY, FLORIDA 32909**

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:

Lupe M. Clorney

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02 (321) 7839860

Date

Daytime Phone #

CR2E037 (9/01)