

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741779

**FILED**  
**Jan 03, 2023**  
**Secretary of State**  
**5869349646CC**

**Entity Name:** PARALYZED VETERANS OF AMERICA FLORIDA CHAPTER INC.

**Current Principal Place of Business:**

3799 NORTH ANDREWS AVE.  
OAKLAND PARK, FL 33309-5251

**Current Mailing Address:**

3799 NORTH ANDREWS AVE.  
OAKLAND PARK, FL 33309-5251 US

**FEI Number:** 59-1731533

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PEREZ, JUAN P.  
20311 NW 42ND AVE  
1201 NW 16TH STREET  
MIAMI GARDENS, FL 33055 US

*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

**Officer/Director Detail :**

Title           PRES  
Name           PEREZ, JUAN P  
Address       3799 NORTH ANDREWS AVE  
City-State-Zip: OAKLAND PARK FL 33309

Title           TREASURER  
Name           TAUER, KENNETH A  
Address       3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           DIRECTOR  
Name           CORLEY, CHARLES JR.  
Address       3799 NORTH ANDREWS AVENUE  
City-State-Zip: OAKLAND PARK FL 33309

Title           DIRECTOR  
Name           KUBLIN, ALVIN  
Address       3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           DIRECTOR  
Name           KEY, HARTLEY E.  
Address       3799 N. ANDREWS AVE  
City-State-Zip: FT. LAUDERDALE FL 33309

Title           DIRECTOR  
Name           CARVAJAL, ANIBAL O.  
Address       3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           DIRECTOR  
Name           GONZALEZ, JOSE  
Address       3799 NORTH ANDREWS AVE.  
City-State-Zip: FORT LAUDERDALE FL 33309

Title           S  
Name           MIRANDA, MARIA  
Address       3799 NORTH ANDREWS AVE.  
City-State-Zip: OAKLAND PARK FL 33309-5251

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** JUAN PEREZ

**PRESIDENT**

**01/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           RAZAK, REDZUAN  
Address        3799 NORTH ANDREWS AVE.  
City-State-Zip: OAKLAND PARK FL 33309-5251

Title           DIRECTOR  
Name           ROBERTS, KENNETH  
Address        3799 N. ANDREWS AVE  
City-State-Zip: OAKLAND PARK FL 33309