

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715173

1. Entity Name

POST NO. 8193, VETERANS OF FOREIGN WARS OF THE U

Principal Place of Business

Mailing Address

U.F.W. POST 8193
757 ALL-BABA AVENUE
OPA LOCKA FL 33054

U.F.W. POST 8193
757 ALL-BABA AVENUE
OPA LOCKA FL 33054-3805

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

59-6198620

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

Name

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

City

FL

Zip Code

KOSCHEN, EDWARD P
2841 N.W. 132ND TERRACE
OPA LOCKA FL 33054

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

TITLE R
NAME MADDOX, BILLY RAY
STREET ADDRESS 17035 N.W. 17TH AVE.
CITY-ST-ZIP MIAMI FL 33056

TITLE PQD
NAME KOSCHEN, EDWARD P
STREET ADDRESS 2841 N.W. 132 TERRACE
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE T
NAME PULU, FRANK T
STREET ADDRESS 2960 N.W. 153RD TER
CITY-ST-ZIP OPA-LOCKA FL 33054

TITLE D
NAME DEVINEY, RALPH E
STREET ADDRESS 4840 N.W. 170 STREET
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Edw P Koschen REQUIRED

25 JAN 20

305-686-86-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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