

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90391 049 \*\*\*\*61.25

**DOCUMENT # 715173**

1. Entity Name

**POST NO. 8193, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

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

Mailing Address

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

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**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Edward P. Koschen*  
**EDWARD P. KOSCHEN**  
**PQM**

**26 APRIL 2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** ☐ Delete  
NAME **MADDOX, BILLY R**  
STREET ADDRESS **17540 N.W. 29 CT**  
CITY-ST-ZIP **MIAMI FL 33056**

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

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

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

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

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

TITLE **D** ☐ Delete  
NAME **BUELL, DON**  
STREET ADDRESS **76 NW 111TH STREET**  
CITY-ST-ZIP **MIAMI FL 33168-1432**

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

TITLE **JVC** ☐ Delete  
NAME **THOMPSON, JERONE E**  
STREET ADDRESS **6976 S.W. 39 ST**  
CITY-ST-ZIP **DAVIE FL 33314**

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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:

*Edward P. Koschen*  
**EDWARD P. KOSCHEN**  
**PQM**

**26 APRIL 2003**

CR2E037 (10/02)