

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90119 022 ****61.25

DOCUMENT # 754936

1. Entity Name

UNITED VETERANS OF THE U.S.A., INC.



Principal Place of Business

C/O CHARLES MARCELINE
1201 NE 150TH ST
NORTH MIAMI FL 33161

Mailing Address

C/O CHARLES MARCELINE
1201 NE 150TH ST
NORTH MIAMI FL 33161



2. Principal Place of Business

1201 NE 150 STREET

Suite, Apt. #, etc.

3. Mailing Address

1201 NE 150 STREET

Suite, Apt. #, etc.

City & State

NORTH MIAMI, FL

Zip

33161

Country

USA

City & State

NORTH MIAMI, FL

Zip

33161

Country

USA

4. FEI Number

65-0076113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

MARCELINE, CHARLES P.
1201 NE 150 ST
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent

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

Charles P. Marceline

CHARLES P. MARCELINE

3-16-06

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

(NOTE: Registered Agent signature required when reinstating)

PD

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

TITLE PD
NAME MARCELINE, CHARLES P ☐ Delete
STREET ADDRESS 15025 NE 12 AVE
CITY-ST-ZIP MIAMI FL 33161

TITLE SD ☒ Delete
NAME MAYNARD DAY
STREET ADDRESS 17185-86 ST N
CITY-ST-ZIP LOXAHATCHEE FL 33470-2755

TITLE TD ☒ Delete
NAME MCCOY, ALBERT A
STREET ADDRESS 12715 GRIFFIN BLVD
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SD ☒ Change ☐ Addition
NAME LUIS ROBLES
STREET ADDRESS 6860 PERSHING STREET
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE TD ☒ Change ☐ Addition
NAME NANCY MCCOY
STREET ADDRESS 12715 GRIFFIN BLVD.
CITY-ST-ZIP NORTH MIAMI, FL 33161

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Charles P. Marceline

CHARLES P.
MARCELINE
PD

3-16-06 305-940-3858