

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757492

1. Entity Name

SOUERS-KNUCK-O'ROURKE POST NO. 8330, VETERANS OF  
FOREIGN WARS OF THE UNITED STATES INC.

Principal Place of Business

Mailing Address

VFW POST 8330  
355 EAST 32ND ST  
HIALEAH FL 33013  
US

355 EAST 32ND ST  
HIALEAH FL 33013

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-0942384

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

RIVERA, RAY  
1021 W. 53RD ST.  
HIALEAH FL 33012

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.

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 ☐ Delete  
NAME CD  
STREET ADDRESS RIVERA, RAY  
CITY-ST-ZIP 1021 W. 53RD ST  
HIALEAH FL 33012

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS GRUBISICH, TONY  
CITY-ST-ZIP 6270 NW 113 TERR.  
HIALEAH FL 33012

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

TITLE ☐ Delete  
NAME QM  
STREET ADDRESS TETREMAULT, WILLIAM J  
CITY-ST-ZIP 3555 32ND STREET  
HIALEAH FL 33013

TITLE ☐ Change ☐ Addition  
NAME TETREMAULT, Wm. J.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME D  
STREET ADDRESS ARRINGTON, KEN R  
CITY-ST-ZIP 720 FALCON AVE  
MIAMI SPRINGS FL 33168

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS VALLADARES, Michael  
CITY-ST-ZIP 3650 E 5th Ave.  
HIALEAH, FL. 33013

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)