

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763083

1. Entity Name

1ST LT. MELVIN R. JACKSON JR POST NO. 5693 VETER

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90013 003 ****61.25

Principal Place of Business	Mailing Address
1881 ALI-BABA AVENUE OPA LOCKA FL 33054	P.O. BOX 540973 OPA LOCKA FL 33054-0973 US

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	23-7305617	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAYCOCK, OLIVER 15905 BUNCH PARK DR W OPA-LOCKA FL 33055	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
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	WASHINGTON, JEROAM	NAME	
STREET ADDRESS	19040 NW 54TH AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	CITY-ST-ZIP	
TITLE	VPD	TITLE	VPD
NAME	MAYCOCK, OLIVER	NAME	DORSETT, CALVIN
STREET ADDRESS	15905 BUNCH PARK DR. W.	STREET ADDRESS	2501 N.W. 159th St
CITY-ST-ZIP	OPA LOCKA FL 33054	CITY-ST-ZIP	Opa Locka, FL 33054
TITLE	SD	TITLE	
NAME	JACOB, ROBERT J	NAME	
STREET ADDRESS	2070 WILMINGTON ST	STREET ADDRESS	
CITY-ST-ZIP	OPALOCKA FL	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	JACOB, ROBERT J	NAME	
STREET ADDRESS	2070 WILMINGTON ST	STREET ADDRESS	
CITY-ST-ZIP	OPALOCKA FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:	Robert Jacob J	4/25/00	(305) 681-0614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E037 (9/99)