

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763083

1. Entity Name

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

Principal Place of Business

Mailing Address

1881 ALI-BABA AVENUE
OPA LOCKA FL 33054

P.O. BOX 540973
OPA LOCKA FL 33054
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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
NAME PD
STREET ADDRESS WASHINGTON, JEROAM
CITY-ST-ZIP 19040 NW 54TH AVE
MIAMI FL 33055 ☐ Delete

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

TITLE
NAME VPD
STREET ADDRESS DORSETT, CALVIN
CITY-ST-ZIP 2501 N.W. 159 STREET
OPA LOCKA FL 33054 ☐ Delete

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

TITLE
NAME SD
STREET ADDRESS JACOB, ROBERT J
CITY-ST-ZIP 2070 WILMINGTON ST
OPALOCKA FL ☐ Delete

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

TITLE
NAME TD
STREET ADDRESS JACOB, ROBERT J
CITY-ST-ZIP 2070 WILMINGTON ST
OPALOCKA FL ☐ Delete

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Robert Jacob Jr

4/26/01

305-681-0614

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

001103

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90147 008 ****61.25

00048843



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7305617
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required