

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90261 032 ****61.25

DOCUMENT # 763083

1. Entity Name

1ST LT. MELVIN R. JACKSON JR POST NO. 5693 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

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

4. FEI Number

23-7305617

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

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

TITLE **PD** ☒ Change ☐ Addition
NAME **BENJAMIN; ANTONIO N.**
STREET ADDRESS **16235 N.W. 22nd CT**
CITY-ST-ZIP **Opa Locka, Fla 33054**

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **Lewis JR, walter f.**
STREET ADDRESS **16441 N.W. 19th Ave**
CITY-ST-ZIP **Opa Locka, Fla 33054**

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

TITLE **SD** ☒ Change ☐ Addition
NAME **Jacob Jr, Robert**
STREET ADDRESS **2070 Wilmington St**
CITY-ST-ZIP **Opa Locka, Fla 33054**

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

TITLE **TD** ☒ Change ☐ Addition
NAME **Jacob Jr, Robert**
STREET ADDRESS **Wilmington St**
CITY-ST-ZIP **Opa Locka, Fla 33054**

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: **Robert Jacob Jr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

(305) 681-0614

CR2E037 (9/01)