

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90775 049 ****61.25

DOCUMENT # 763083

1. Entity Name

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



Principal Place of Business

**1881 ALI-BABA AVENUE
OPA LOCKA FL 33054**

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **BENJAMIN, ANTONIO N**
STREET ADDRESS **16235 N.W. 22ND CT**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **PD** ☒ Change ☐ Addition
NAME **THOMPSON, THOMAS W**
STREET ADDRESS **2000 SERVICE RD**
CITY-ST-ZIP **Opa Locka, FL 33054**

TITLE **VPD** ☒ Delete
NAME **LEWIS, WALTER F JR**
STREET ADDRESS **16441 N.W. 19TH AVE**
CITY-ST-ZIP **OPA LOCKA FL 33054**

TITLE **VPD** ☒ Change ☐ Addition
NAME **DORSETT, CALVIN L**
STREET ADDRESS **2501 N.W. 159th Terr**
CITY-ST-ZIP **Opa Locka, FL 33054**

TITLE **SD** ☐ Delete
NAME **JACOB, ROBERT JR**
STREET ADDRESS **2070 WILMINGTON ST**
CITY-ST-ZIP **OPA LOCKA FL 33054**

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

TITLE **TD** ☐ Delete
NAME **JACOB, ROBERT JR**
STREET ADDRESS **2070 WILMINGTON ST**
CITY-ST-ZIP **OPA LOCKA FL 33054**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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: SD ROBERT JACOB JR *[Signature]* **4/28/03 305-681-0614**

CR2E037 (10/02)