

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90114 032 *****61.25

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DOCUMENT # F01000003647

1. Entity Name

ASSOCIATION FOR HOMELESS AMERICAN VETERANS, INC.
, A NONPROFIT CORPORATION



Principal Place of Business

10851 PALM LAKE AVENUE, #202
BOYNTON BEACH FL 33437

Mailing Address

10851 PALM LAKE AVENUE, #202
BOYNTON BEACH FL 33437

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 **88-0432574**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

WERNIKOVE, HERB
10851 PALM LAKE AVENUE, #202
BOYNTON BEACH FL 33437

7. Name and Address of New Registered Agent

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

TITLE **DP** ☐ Delete
NAME **WERNER, NELSON**
STREET ADDRESS **6021 TOPAZ**
CITY-ST-ZIP **LAS VEGAS NV 89120**

TITLE **D** ☐ Delete
NAME **CORONADO, LINDA**
STREET ADDRESS **2201 RAMSGATE DRIVE, #325**
CITY-ST-ZIP **HENDERSON NV 89014**

TITLE **D** ☐ Delete
NAME **MODARESSI, LUARIE**
STREET ADDRESS **6021 TOPAZ**
CITY-ST-ZIP **LAS VEGAS NV 89120**

TITLE **ST** ☐ Delete
NAME **WERNIKOVE, HERB**
STREET ADDRESS **10851 PALM LAKE AVENUE, #202**
CITY-ST-ZIP **BOYNTON BEACH FL 33437**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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: **Herb Wernikove** **2-12-03** **561-7029926**

CR2E037 (10/02)