2904 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 17, 2004 8:00 am Secretary of State DOCUMENT # N02000005604 1. Entity Name 03-17-2004 90039 049 ****70 00 UNITED VETERANS OF AMERICA, INC. Principal Place of Business Mailing Address 1840 SW 22 ST 4 FLOOR MIAMI FL 33145 P.O. BOX 522371 MIAMI FL 33152 2. Principal Place of Business N 3. Mailing Address 140161 Ensi AVE P.O.BOX Suite, Apt. #, etc Suite, Apt. #, etc. CR2E037 (11/03) CORAL GABLES, IALEA H Applied For City & State City & State 4. FEI Number USA. 06-1640149 330*1*0 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUBENIO-SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4 FLOOR **MIAMI FL 33145** Zip Code 33010 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. EUBENIO F. COUZ PRESIDEN SIGNATURE ered agent and title if applicable. FILE NOW: FEE IS \$61,25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete TITLE ☐ Change Addition EUGENE CRUZI. 4.18 S.E. 921. CRUZ, EUGENE EUGENE NAME 1840 SW 22 ST 4 FLOOR STREET ADDRESS STREET ADDRESS MIAMI FL 33145 HIALEAH, FL. 33010 CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition ARANZOLA, EDUARDO NAME NAMÉ 134.81 SW. 142 TERL. 1840 SW 22 ST 4 FLOOR STREET ADDRESS STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP_ CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 seceiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED