

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90002 018 ****61.25

DOCUMENT # NO4106

1. Entity Name

VIETNAM VETERANS OF AMERICA, CHAPTER 121, MIAMI, FLORIDA, INC.

Principal Place of Business

Mailing Address

**45 ALMERIA AVE.
 CORAL GABLES FL 33134**

**P O BOX 14-2141
 CORAL GABLES FL 33114-2141
 US**

80020484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2508261

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ORTIZ, EPPIE
 11794 SW 273RD LANE
 HOMESTEAD FL 33032**

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 STREET ADDRESS CITY-ST-ZIP	D WEBER, MICHAEL PO BOX 416154 N/A MIAMI BCH FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THORP, JOHN 12370 SW 225 ST MIAMI FL 33170	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBRINO, CARLOS 1182 MEADOWLARK AVE MIAMI SPRINGS FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCMANUS, BRUCE 13630 SW 96 ST MIAMI FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTEZ, EPPIE 11794 SW 273RD LANE HOMESTEAD FL	Delete <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, GARY E 12270 SW 30TH ST MIAMI FL FL	Delete <input type="checkbox"/>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

GARY R. LEE
GARY R. LEE

Date

Daytime Phone #

1/24/02 305-995-3022

CR2E037 (9/01)