

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N04106

1. Entity Name
**VIETNAM VETERANS OF AMERICA, CHAPTER 121,
MIAMI, FLORIDA, INC.**



Principal Place of Business
**45 ALMERIA AVE.
CORAL GABLES, FL 33134**

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



02052004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2508261

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000077960
03/08/04-80008-016 61.25**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P THORP, JOHN 12370 SW 225 ST MIAMI, FL 33170 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOBRINO, CARLOS 1182 MEADOWLARK AVE MIAMI SPRINGS, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD MCMANUS, BRUCE 13630 SW 96 ST MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ORTEZ, EPIIE 11794 SW 273RD LANE HOMESTEAD, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-02-04

Date

3D(2474077)

Daytime Phone #