2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14872

1.√Entity Name

FORT PIERCE WESTSIDE POST NO. 8058 VETERANS OF F

Principal Place of Business
%PETER CAMACHO 3475 DOUGLAS RD FORT PIERCE FL 34951

Mailing Address

WORTED CAMACUO

FILED Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90197 001 ****61.25

US 2. Pence pail Place of Business Suite. Apil. 4, etc. Chy & State Chy &		S RD	PO BOX 1765	FORT PIERCE FL 34954-1765		UUU15384			
2. Principal Placo of Business Suite. Apt. M. etc. Suite. Apt. M. etc. Suite. Apt. M. etc. City & State Country Statistical City & State City & State Country Statistical City & State City	00	FL 34951							
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City & State City & State City & State City & State Country Country Country Country Country Country S. Certificate of Status Desired R8.75 Additional Fee Required Fee Required Fee Required Fee Required CAMACHO, PETER 13501 OKECCHOBEE ROAD FORT PIERCE FL 34945 Signature, fixed or prined name of registered Agent are title if agocable. Return of the purpose of changing its registered adject or registered agent, or both, in the state of Florida. FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS III. NAME SITERIA AWASS OTH ST. 2P FILE NOW: FEE IS \$61.25 OFFICERS AND DIRECTORS III. NAME AMAR, HARRY AMAR, HARRY ADDISON, DAVID S OTH ST. 2P FILE PIERCE FL 34954 III. PD ADDISON, DAVID S OTH ST. 2P FORT PIERCE FL 34954 III. PD ADDISON, DAVID S STREET AWASS OTH ST. 2P CAMACHO, PETER STREET AWASS OTH ST. 2P TIME AWAS ADDISON, DAVID S STREET AWASS OTH ST. 2P TIME AWAS AMAR CAMACHO, PETER 13501 OKECHOBEE ROAD FORT PIERCE FL 34954 TIME OTH ST. 2P CAMACHO, PETER STREET AWASS OTH ST. 2P TIME OTH ST. 2P	2. Principal Pl	lace of Business	3. Mailing Address				ALBIN BIANI BIBNI BIBNI		
September Sept	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	THIS SPACE		
Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fore Required	City & State City & Sta		City & State		4. FEI Numl	59-2311743	├	··	
CAMACHO, PETER 13501 OKECCHOBEE ROAD FORT PIERCE FL 34945 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 City FL Zip Code	Zip Country Zip		Country	5 Certificate of Status Desired \$8.75 Additional		Iditional			
CAMACHO, PETER 13010 NAECCHOBEE ROAD FORT PIERCE FL 34945 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 SIGNAT	6. Name and Address of Current Registered Agent								
City FL Zip Code		~		Name					
City FL Zip Code	OMMONIO RETER			Street A	Address (P.O. Box Num	per is Not Acceptable)			
FORT PIERCE FL 34945 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, howed or primed name of registered agent and site if registered. (NOTE: Registered Agent algorithm when resistating)									
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the state of Florids. Signature Symans, typed or primed name of registered agent and state agent agreement agent agen			·						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or primed name of registered agent and of its if applicable. (NOTE: Registered Agent signature recursal when registating) Possible	101111121	1021201010		City			FL Zip Coo	de	
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Signature, kyped or printed name of registered agent and alle if applicable. (NOTE: Registered Agent signature required when reinstating) CATE	6. The above	riamed entity submits this star	ement for the purpose of changing its i	egistered office o	i registered agent, or b	our, in the state of Prortua.	•		
Signature, kyped or printed name of registered agent and alle if applicable. (NOTE: Registered Agent signature required when reinstating) CATE									
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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.