

FILED
Jun 19, 2002 8:00 am
Secretary of State

05-28-2002 91750 018 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42695

1. Entity Name

CLUB DE VETERANOS URUGUAYOS, INC.

Principal Place of Business

4315 NW 7 ST
22-25
MIAMI FL 33128

Mailing Address

4315 NW 7 ST
22-25
MIAMI FL 33128

2. Principal Place of Business

12035 SW 116 TERRACE

Suite, Apt. #, etc.

3. Mailing Address

12035 SW 116 TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

City & State

FL

4. FEI Number

65-0309310

Applied For

Not Applicable

Zip

33186

Country

Zip

33186

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETKOVICH, JOSE
4315 NW 7 ST
#22-25
MIAMI FL 33128

7. Name and Address of New Registered Agent

Name EDUARDO SOLANA

Street Address (P.O. Box Number is Not Acceptable)

12035 SW 116 TERRACE

City MIAMI

FL

Zip Code 33186

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]

(NOTE: Registered Agent signature required when re-registering)

1/08/02
DATE

FILE NOW FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME SOLANA, EDUARDO
STREET ADDRESS 12035 SW 116 TERRACE
CITY-ST-ZIP MIAMI FL TRES.

☐ Delete

TITLE D
NAME CROCE, ADEMAR
STREET ADDRESS 2853 COLLINS AVE.
CITY-ST-ZIP MIAMI BEACH FL

☒ Delete

TITLE D
NAME BEROSE, LUCIO
STREET ADDRESS 1518 W 41ST ST
CITY-ST-ZIP HIALEAH FL 33012 PRESIDENT

☐ Delete

TITLE D
NAME STANHAM, PETER
STREET ADDRESS 11300 S.W. 87TH AVE.
CITY-ST-ZIP MIAMI FL SEC.

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ARNOLDO NESTELBAUM
NAME
STREET ADDRESS 20401 NE 30AVE #402
CITY-ST-ZIP MIAMI FL VICE PRES.

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 information.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/15/02

CR2E037 (9/01)