

DOCUMENT # N42968

1/10/01-

1. Entity Name

AMVETS DADE-BROWARD MEMORIAL POST 11, INC.

FILED  
Feb 08, 2001 8:00 am  
Secretary of State

01-10-2001 90006 042 \*\*\*\*70.00

Principal Place of Business 15299 NE 12TH AVE. NORTH MIAMI BEACH FL 33162-5844	Mailing Address 15299 NE 12TH AVE. NORTH MIAMI BEACH FL 33162-5844
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CAPUTO, DANIEL J**  
15299 NE 12TH AVE  
N MIAMI BEACH FL 33162-5844

7. Name and Address of New Registered Agent

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 *Daniel J Caputo*  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CAPUTO, DANIEL J.</b> 15299 N.E. 12TH AVENUE N. MIAMI BEACH FL 33162-5844 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>A</b> <b>CHIPMAN, NOLAN P.</b> PO BOX 016155 MIAMI FL 33101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SO</b> <b>MENIN, STANLEY S</b> 1301 NE 191ST ST #417 NORTH MIAMI BEACH FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SHULTZ, JAMES M</b> 8736 PANSY DR MIRAMAR FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>SMITH, ROBERT L</b> 1925 NE 124TH ST NORTH MIAMI FL 33181 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>DENNIS, EDWIN</b> 1454 WEST 72ND STREET HIALEAH FL 33014 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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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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: *Daniel J Caputo* **305-947-2339**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR26037 (10/00)