

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44699

1. Entity Name

SERGEANT MANUEL E. MESA JR. POST NO. 11297, VETE

Principal Place of Business

437 SW 20TH RD  
MIAMI FL 33129

Mailing Address

437 SW 20TH RD  
MIAMI FL 33129-1321

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0281416

Applied For

Not Applicable

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

BERUVIDES, ESTEBAN M.  
437 SW 20TH TD.  
MIAMI FL 33129

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	D	<input checked="" type="checkbox"/> Delete
NAME	VELOSO, RAMON	
STREET ADDRESS	3820 SW 124 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUZMAN, ABRAHAM	
STREET ADDRESS	17331 SW 150 CT.	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONGORA, PEDRO P	
STREET ADDRESS	2931 SW 103 AVE.	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERUVIDES, ESTEBAN M	
STREET ADDRESS	437 SW 20TH RD	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, MAXIMO L	
STREET ADDRESS	10711 SW 60 ST.	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Guzman, Abraham	
STREET ADDRESS	17331 SW 150 CT.	
CITY-ST-ZIP	MIAMI FL 33187	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gomez, Manuel S.	
STREET ADDRESS	11357 NW 50 Terr.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ortega, Rodolfo	
STREET ADDRESS	16002 SW 98 Ave	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beruvides, Esteban M.	
STREET ADDRESS	437 SW 20 Road	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veloso, Ramon	
STREET ADDRESS	3820 SW 124 CT	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, MAXIMO L.	
STREET ADDRESS	10711 SW 60 ST	
CITY-ST-ZIP	MIAMI FL 33173	

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

Date

Daytime Phone #

FILED  
Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90093 027 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)