

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 91181 014 \*\*\*\*61.25

## DOCUMENT #

1. Entity Name **Copr. No. N41699**  
**VETERANS OF FOREIGN WARS OF THE U.S.**  
**POST No. 11297**  
**SERGEANT MANUEL E. MESA, Jr.**

Principal Place of Business **VFW Post No. 1608**  
Mailing Address **2750 SW 16 St**  
**Miami, Fl. 33145**

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

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

**Beruvies, Esteban M.**  
**437 SW 20 Road**  
**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Cruz, Maximo L</b>	
STREET ADDRESS	<b>10711 SW 60 St</b>	
CITY-ST-ZIP	<b>Miami, Fl. 33173</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Ortega, Rodolfo</b>	
STREET ADDRESS	<b>16002 SW 98 Ave</b>	
CITY-ST-ZIP	<b>Miami, Fl. 33157</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Sosa, Frank R.</b>	
STREET ADDRESS	<b>19025 NW 86 Ave</b>	
CITY-ST-ZIP	<b>Hialeah, Fl. 33015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Beruvies, Esteban M.</b>	
STREET ADDRESS	<b>437 SW 20 Road</b>	
CITY-ST-ZIP	<b>Miami, Fl. 33129</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Veloso, Ramon</b>	
STREET ADDRESS	<b>3820 SW 124 Ct</b>	
CITY-ST-ZIP	<b>Miami, Fl. 33175</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>Beruvies, C. Marcelo</b>	
STREET ADDRESS	<b>3121 SW 82 Ct</b>	
CITY-ST-ZIP	<b>Miami, Fl. 33155</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

**May 15/2001 (301) 856-7829**

Date

Daytime Phone #

CR2E037 (11/00)