

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90181 010 \*\*\*\*61.25

**DOCUMENT # N44699**

1. Entity Name

**SERGEANT MANUEL E. MESA JR. POST NO. 11297, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

2750 SW 16 ST  
 MIAMI FL 33145

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

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 RD.  
 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** ☒ Delete  
 NAME **VELOSO, RAMON**  
 STREET ADDRESS **3820 SW 124**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Change ☐ Addition  
 NAME **CRUZ, MAXIMO L.**  
 STREET ADDRESS **10711 SW 60 ST.**  
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☐ Delete  
 NAME **SOSA, FRANK R**  
 STREET ADDRESS **19025 NW 86 AVE**  
 CITY-ST-ZIP **HIALEAH FL 33015**

TITLE **D** ☐ Change ☐ Addition  
 NAME **ALVAREZ, Hector**  
 STREET ADDRESS **12420 SW 25 ST.**  
 CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☒ Delete  
 NAME **ORTEGA, RODOLFO**  
 STREET ADDRESS **16002 SW 98 AVE**  
 CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ Change ☐ Addition  
 NAME **C. Marcelo Beruvides**  
 STREET ADDRESS **3121 SW 82 CT**  
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE **D** ☐ Delete  
 NAME **BERUVIDES, ESTEBAN M**  
 STREET ADDRESS **437 SW 20TH RD**  
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE **D** ☐ Change ☐ Addition  
 NAME **BERUVIDES, C. Marcelo**  
 STREET ADDRESS **BERUVIDES, C. Marcelo**

TITLE **D** ☒ Delete  
 NAME **CRUZ, MAXIMO L**  
 STREET ADDRESS **10711 SW 60 ST.**  
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **D** ☐ Change ☐ Addition  
 NAME **BERUVIDES, C. Marcelo**

TITLE **D** ☐ Delete  
 NAME **BERUVIDES, C. Marcelo**

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:

**April 13/2002 (605) 662 7829**

CR2E037 (9/01)