

2008 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90022 031 ****61.25

DOCUMENT # **N44699**

1. Entity Name
SERGEANT Manuel E. Mesa G. Post No. 11297
Veterans of Foreign Wars War of US

Principal Place of Business

Mailing Address

2750 SW 16 St.
MIAMI FL. 33145

40103320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0281416

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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
SEE IS 38-26

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	D. CIBRERO, FRANCISCO	<input type="checkbox"/> Delete
NAME	14271 SW 31 St.	
STREET ADDRESS	MIAMI FL. 33175	
CITY-ST-ZIP		
TITLE	D. Veloso, Ramon	<input type="checkbox"/> Delete
NAME	3820 SW 124 CT.	
STREET ADDRESS	MIAMI, FL. 33173	
CITY-ST-ZIP		
TITLE	D. Beruvides, C. MARCELO	<input type="checkbox"/> Delete
NAME	3121 SW 82 CT.	
STREET ADDRESS	MIAMI, FL. 33155	
CITY-ST-ZIP		
TITLE	D. Beruvides, Esteban M.	<input type="checkbox"/> Delete
NAME	437 SW 20 Road	
STREET ADDRESS	MIAMI, FL. 33129	
CITY-ST-ZIP		
TITLE	D. CRUZ, Maximiliano	<input type="checkbox"/> Delete
NAME	19901 SW 129 AVE	
STREET ADDRESS	MIAMI FL. 33177	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 12/08 **(305)**
854 1938