

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 44699

1. Entity Name *Sergeant Manuel E. Mesa Jr. Post 11297 Veterans of Foreign Wars of the U.S.*

Principal Place of Business *437 SW 20 Rd MIAMI FL 33129*
Mailing Address *437 SW 20 Rd MIAMI FL 33129*

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State 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
*Beruvies, Esteban M.
437 SW 20 Road
Miami, FL 33129*

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
1. *Veloso, Ramon* ☐ Delete *3820 SW 124 ST. MIAMI FL 33175*
2. *Sosa, Frank R.* ☐ Delete *19025 NW 86 AVE Hialeah, FL 33015*
3. *Beruvies, C. Marcello* ☐ Delete *3121 SW 82 CT. MIAMI FL 33155*
4. *Beruvies, Esteban M.* ☐ Delete *437 SW 20 Rd MIAMI FL 33129*
5. *Cruz, Maximo L.* ☐ Delete *19961 SW 129 AVE MIAMI FL 33177*

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1. *200180889792* ☐ Change ☐ Addition *05/14/10--01002--010 **61.25*

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 the like empowered.

SIGNATURE: *Beruvies, Esteban* *4-29-10* *305 854 1938*

FILED
10 MAY 13 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)