

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **Corp No N44699**

1. Entity Name **VETERANS of FOREIGN WARS of the U.S.**
VFW Post 11297
SERGEANT Manuel E. Mesa Jr.

Principal Place of Business **V.F. W Post 11297** Mailing Address **437 SW 20 Rd**
MIAMI, FL 33129

FILED
11 APR 25 AM 9:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BERVIDES, 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 **Seamless** DATE **April 19/2011**

Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	NAME	SOSA, Frank R.	STREET ADDRESS	19025 NW 86 Ave	CITY-ST-ZIP	Hialeah, FL 33015	☐ Delete
TITLE	D	NAME	BERVIDES, E. Marcelo	STREET ADDRESS	3121 SW 82 CT	CITY-ST-ZIP	MIAMI, FL 33155	☐ Delete
TITLE	D	NAME	CRUZ, Maximo L.	STREET ADDRESS	19901 SW 129 Ave	CITY-ST-ZIP	MIAMI, FL 33177-4013	☐ Delete
TITLE	D	NAME	BERVIDES, Esteban M	STREET ADDRESS	437 SW 20 Road	CITY-ST-ZIP	MIAMI FL 33121-1321	☐ Delete
TITLE	D	NAME	Veloso, Ramon	STREET ADDRESS	3820 SW 124 CT	CITY-ST-ZIP	MIAMI FL 33175	☐ Delete
TITLE	D	NAME	Cabrera, Francisco	STREET ADDRESS	14271 SW 31 st	CITY-ST-ZIP	MIAMI, FL 33175-6763	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		☐ Change ☐ Addition

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B 4/26/11

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 **Seamless** DATE **April 19/2011**

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