

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90153 023 ****61.25

DOCUMENT # N45546

1. Entity Name

VETERANS OF THE VIETNAM WAR FLORIDA POST 4 INC.

Principal Place of Business

P.O. BOX 5346
HOLLYWOOD FL 33083

Mailing Address

P.O. BOX 5346
HOLLYWOOD FL 33083

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

65-0077124

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

MAST, HUGO O.
1510 LEE ST
HOLLYWOOD FL 33020

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 ☐ Delete
NAME **PD**
STREET ADDRESS **CARREIRO, NORMAN**
CITY-ST-ZIP **4120 SW 31ST DRIVE**
HOLLYWOOD FL

TITLE ☐ Change ☐ Addition
NAME **CARREIRO NORMAN**
STREET ADDRESS **4120 SW 31 DR**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BROWNELL, HENRY**
CITY-ST-ZIP **43 OKOMO DR W**
HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition
NAME **BROWNELL, HENRY**
STREET ADDRESS **43 OKOMO DR. W.**
CITY-ST-ZIP **Hollywood, FLA. 33021**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **CARREIRO, NORMAN J.**
CITY-ST-ZIP **4120 SW 31ST DR**
HOLLYWOOD FL 33023

TITLE ☐ Change ☐ Addition
NAME **CARREIRO NORMAN**
STREET ADDRESS **4120 SW 31ST DR**
CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE ☐ Delete
NAME **STD**
STREET ADDRESS **MAST, HUGO O.**
CITY-ST-ZIP **1510 LEE ST**
HOLLYWOOD FL 33020

TITLE ☐ Change ☐ Addition
NAME **MAST HUGO O.**
STREET ADDRESS **1510 LEE ST**
CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)