

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 20, 2005 8:00 am
Secretary of State

06-20-2005 90002 027 ****61.25

DOCUMENT # N92000000891
1. Entity Name
**VETERANS OF FOREIGN WARS LIBERTY
NUMBER 11055 INC**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **MIAMI FLA**
P.O. Bx 470194 33247
Suite, Apt. #, etc.

3. Mailing Address **MIAMI FL**
P.O. Bx 470194 33247
Suite, Apt. #, etc.

City & State
MIAMI FLA

City & State
MIAMI FL

4. FEI Number
65-0364522

Applied For
Not Applicable

Zip
33247

Country
U.S.

Zip
33247

Country
US

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ULYSEE WILLIAMS J**
Signature, typed or printed name of registered agent and title if applicable.

Ulysee Williams J
(NOTE: Registered Agent signature required when reinstating)

30 MAY 05
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCOP WILLIAMS, ULYSEE 1351 NW 103 ST #218 MIAMI FLA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LO ROBERTS, ALVIN P.O. Bx 380251 MIAMI FLA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QMD WARD, EDDIE 3241 NW 49 ST MIAMI FLA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, AMOS 2620 NW 82 ST MIAMI FLA	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAUGHLIN, RUBBIE 19891 N.E MIAMI CT MIAMI FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WALDEN, LARRIO 1720 NW 187 ST MIAMI FLA	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **COMMANDER**
ULYSEE WILLIAMS *Ulysee Williams J* **30 MIAMI FLA (786) 318-1134**

CR2E037B (12/02)