

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N96000001798**

1. Entity Name

**PARALYZED VETERANS ASSOCIATION OF FLORIDA FOUNDA**

Principal Place of Business

**6200 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309**

Mailing Address

**6200 NORTH ANDREWS AVENUE  
FT. LAUDERDALE FL 33309-2129**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0655994**

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

**LANHAM, MICHAEL F  
BISCAYNE BUILDING SUITE #1102  
19 WEST FLAGLER STREET  
MIAMI FL 33130**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
VP	DE ARMAS, PEDRO	1206 ROYAL TERN DRIVE	PUNTA GORDA FL 33950				
SD	RAZZANO, ERNEST	6523 NW 28TH COURT	MARGATE FL 33063				
D	MONSON, DAVID	1400 NW 19TH STREET #204	MIAMI FL 33125				
T	JONES, JERRY D.	936 INTRACOASTAL DRIVE, #703	FT LAUDERDALE FL				
P	WALTER, REX	9656 ARAIA WAY	BOYNTON BEACH FL 33436				

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 OF REGISTERED AGENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/1/00 954-771-7822**

Date

Daytime Phone #

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90021 014 \*\*\*\*61.25

H0010001



DO NOT WRITE IN THIS SPACE