

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001798

FILED
Feb 28, 2002 8:00 AM
Secretary of State

Entity Name: PARALYZED VETERANS ASSOCIATION OF FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

6200 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6200 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 65-0655994

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: DE ARMAS, PEDRO
Address: 1206 ROYAL TERN DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: SD () Delete
Name: RAZZANO, ERNEST
Address: 6523 NW 28TH COURT
City-St-Zip: MARGATE, FL 33063

Title: D () Delete
Name: MONSON, DAVID
Address: 1400 NW 19TH STREET #204
City-St-Zip: MIAMI, FL 33125

Title: T () Delete
Name: JONES, JERRY D.
Address: 936 INTRACOASTAL DRIVE, #703
City-St-Zip: FT LAUDERDALE, FL

Title: P () Delete
Name: WALTER, REX
Address: 9656 ARALIA WAY
City-St-Zip: BOYNTON BEACH, FL 33436

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: COLLETTE, THOMAS E
Address: 15326 LAKE WILDFLOWER RD
City-St-Zip: DELRAY BEACH, FL 33484

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E. COLLETTE

SD

02/28/2002

Electronic Signature of Signing Officer or Director

Date