

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005363

1. Entity Name

VETERAN'S CHARITABLE FOUNDATION, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90085 014 ****61.25

Principal Place of Business

1748 PALM LAND DR
BOYNTON BEACH FL 33436

Mailing Address

1748 PALM LAND DR
BOYNTON BEACH FL 33436-6048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

15-5265788

Applied For

Not Applied For

Zip

Country

Zip

Country

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

COHN, L. JERRY
4300 N UNIVERSITY DR
SUITE B-104
LAUDERHILL FL 33351

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 PD ☐ Delete
NAME CARIELLO, FRANK
STREET ADDRESS 1748 PALM LAND DR
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D ☒ Delete
NAME CRECCO, LOUIS
STREET ADDRESS 11111 BISCAYNE BLVD, #207
CITY-ST-ZIP MIAMI FL 33189

TITLE D ☐ Delete
NAME CAPRIO, PHILIP
STREET ADDRESS 10260 PORT OF SPAIN ST
CITY-ST-ZIP COOPER CITY FL 33026

TITLE D ☒ Delete
NAME PIA, JULIE
STREET ADDRESS 411 SE 3RD ST
CITY-ST-ZIP DANIA FL 33004

TITLE D ☒ Delete
NAME NATALIZIO, MARIO
STREET ADDRESS 1301 NW 7TH ST
CITY-ST-ZIP HALLANDALE FL 33009

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME LOLA CARIELLO
STREET ADDRESS 1748 PALM LAND DR
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE D ☐ Change ☒ Addition
NAME TERESA CAPRIO
STREET ADDRESS 10260 PORT OF SPAIN ST.
CITY-ST-ZIP COOPER CITY FL 33026

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

TITLE D ☐ Change ☒ Addition
NAME DENISE LOFFREDO
STREET ADDRESS 56 NEBRASKA AVE
CITY-ST-ZIP TRENTON NJ 08619

TITLE D ☐ Change ☒ Addition
NAME ROSE GRAZIANO
STREET ADDRESS 100 LAKEVIEW DR
CITY-ST-ZIP LAWRENCEVILLE NJ 08648

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:

Frank Cariello

1-16-00

561-733-7883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #