

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90143 046 \*\*\*\*61.25

**DOCUMENT # N97000005363**

1. Entity Name

**VETERAN'S CHARITABLE FOUNDATION, INC.**

Principal Place of Business

1748 PALM LAND DR  
 BOYNTON BEACH FL 33436

Mailing Address

1748 PALM LAND DR  
 BOYNTON BEACH FL 33436

**C0007656**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**15-5265788**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARIELLO, FRANK	
STREET ADDRESS	1748 PALM LAND DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARIELLO, LOLA	
STREET ADDRESS	1748 PALM LAND DR	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAPRIO, PHILIP	
STREET ADDRESS	10260 PORT OF SPAIN ST	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOFFREDO, DENISE	
STREET ADDRESS	56 NEBRASKA AVE	
CITY-ST-ZIP	TRENTON NJ 08619	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAZIAUO, ROSE	
STREET ADDRESS	100 LAKE DALE DR	
CITY-ST-ZIP	TRENTON NJ 08648	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Denise Loffredo	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	781 Estates Blvd	
STREET ADDRESS	HAMILTON, N.J. 08619	
CITY-ST-ZIP		
TITLE	ROSE GRAZIAUO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	100 Lake Dale Dr	
STREET ADDRESS	Trenton, N.J. 08648	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Carriello*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)