

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90140 025 ***150.00

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1. Entity Name
VETERANS REALTY OF FLORIDA INC.

Principal Place of Business
305 BELVEDERE ROAD
SUITE 16
WEST PALM BEACH FL 33405
US

Mailing Address
3733 SW HAINES ST
PORT ST LUCIE FL 34953



2. Principal Place of Business

605 Belvedere Road

3. Mailing Address

605 Belvedere Road

Suite, Apt. #, etc.

Suite 18

Suite, Apt. #, etc.

Suite 18

☒ CHECK HERE IF MAKING CHANGES

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

31-1809916

Applied For

Not Applicable

Zip

33405

Country

USA

Zip

33405

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATERNOSTER, GONZALO M

3733 SW HAINES ST

PORT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

Address change

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

10165 Stonehenge Circle, Apt 1514

City

Boynton Beach

FL

Zip Code

33437

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

owner

(NOTE: Registered Agent signature required when reinstating)

1/21/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME PATERNOSTER, GONZALO M
STREET ADDRESS 3733 SW HAINES ST
CITY-ST-ZIP PORT ST LUCIE FL 34953

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME Address change
STREET ADDRESS 10165 Stonehenge Circle Apt 1514
CITY-ST-ZIP Boynton Beach, FL 33437

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

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

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

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

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 607, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03

Date

561-655-8050

Daytime Phone #

CR2E034 (10/02)