

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90012 029 ****61.25

DOCUMENT # 762203
 1. Entity Name
PHILIPPINE AMERICAN ASSOCIATION OF SOUTH FLORIDA

Principal Place of Business 3801 N FEDERAL HWY POMPANO BCH FL 33064 US		Mailing Address 3801 N FEDERAL HWY POMPANO BCH FL 33064-6611 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2674451** 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			
GAUDIOSI, JOHN 3801 N. FEDERAL HWY POMPANO BEACH FL 33064				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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHULTE, NEMIA L			NAME			
STREET ADDRESS	2335 E ATLANTIC BLVD #300			STREET ADDRESS			
CITY-ST-ZIP	POMPANO BCH FL 33062			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GORDON, ALICE			NAME			
STREET ADDRESS	1200 SW 12TH ST			STREET ADDRESS			
CITY-ST-ZIP	DEERFIELD BEACH FL 33341			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WINNETT, NIDA O			NAME			
STREET ADDRESS	11761 SW 52ND CT			STREET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33330			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, RIC			NAME			
STREET ADDRESS	1085 DEERWOOD LN			STREET ADDRESS			
CITY-ST-ZIP	WESTON FL 33326			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOMAN, BERTHO			NAME			
STREET ADDRESS	11600 NW 20TH ST			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33323			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GALINDO, DIOSDADO			NAME			
STREET ADDRESS	11871 SW 43RD ST			STREET ADDRESS			
CITY-ST-ZIP	DAVE FL 33330			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: *[Signature]* **SIGNATURE REQUIRED** 5/1/2000 954/745-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)