

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003267

FILED
Apr 19, 2002 8:00 AM
Secretary of State

Entity Name: PUC / AUP ALUMNI ASSOCIATION, USA, INC.

Current Principal Place of Business:

202 BEDFORD RD.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

16140 KENNY ROAD
LAUREL, MD 20707

Current Mailing Address:

202 BEDFORD RD.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

16140 KENNY ROAD
LAUREL, MD 20707

FEI Number: 59-3722185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIWAG, MELCHOR R
202 BEDFORD RD.
ALTAMONTE SPRINGS, FL 32714

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: DP () Delete
Name: MIRANDA, CONRADO
Address: PO BOX 1237
City-St-Zip: BURGAW, NC 284251237

Title: DV () Delete
Name: VILLANUEVA, JEDIDIA
Address: 1751 MILL PLAIN RD.
City-St-Zip: FAIRFIELD, CT 06430

Title: DT () Delete
Name: LIWAG, MELCHOR R
Address: 202 BEDFORD RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS () Delete
Name: MEDINA, LOIDA
Address: 8545 KEPHART LN
City-St-Zip: BERRIEN SPRINGS, FL 49103

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: RA (X) Change () Addition
Name: LIWAG, MELCHOR R
Address: 202 BEDFORD RD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: DT () Change (X) Addition
Name: CASTRO, ISRAEL H
Address: 16140 KENNY ROAD
City-St-Zip: LAUREL, MD 20707

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: ISRAEL CASTRO

DT

04/19/2002

Electronic Signature of Signing Officer or Director

Date