

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90076 003 ****61.25

DOCUMENT # N38946
 1. Entity Name
BAYANIHAN INTERNATIONAL LADIES ASSOCIATION, INC.

Principal Place of Business 1228 FOREST CIR ALTAMONTE SPRINGS FL 32714 US	Mailing Address 1228 FOREST CIR ALTAMONTE SPRINGS FL 32714 US
--	--

2. Principal Place of Business Suite, Apt. #, etc. SAME	3. Mailing Address Suite, Apt. #, etc. SAME		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3017343** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CRUZ, JULIEANN M
 1228 FOREST CIR
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
SAME
 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 *Julieann M. Cruz* (NOTE: Registered Agent Signature required when reinstating) DATE **4/28/2002**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, JULIEANN M 1228 FOREST CIR ALTAMONTE SPGS. FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT STERLING, MARDEL 3305 AUTUMN WOOD TRL APOPKA FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CARABALLO, ANNA 717 HUMMINGBIRD ST ORLANDO FL 32825 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MORANT, LURLENE 102 SPANISH OAK LN APOPKA FL 32703 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'MEARA, JEANETTE 2628 WIMBLEDON CT OCOOEE FL 34761 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRT SO, VERLINA 3058 WINDCHIME CIR N APOPKA FL 32703 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ALICE BESIACK 8645 Brackenwood Drive Orlando, Florida 32829
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ENA CHAMBERS 3179 FOXWOOD DR. APOPKA, FL 32703
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JULIE FLOYD 626 RUGBY ST ORLANDO, FLORIDA 32804

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 OF ANNE MATEO Cruz* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE **4/28/2002** DAYTIME PHONE # **607 652-4095**

CR2E037 (9/01)