

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90077 037 ****61.25

DOCUMENT # N44786

1. Entity Name

PHILIPPINE PERFORMING ARTS COMPANY, INC.

Principal Place of Business

Mailing Address

5701 N. 20TH ST.
 TAMPA FL 33610

5033 BERNADETTE DRIVE
 ZEPHYRHILLS FL 33541-1910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3087640

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OMILA, JOSE HORSTMANN
5033 BERNADETTE DRIVE
ZEPHYRHILLS FL 33541-1910

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	SANTIANO, OLIVA	
STREET ADDRESS	791 WEATHERFIELD ST.	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOSQUERA, BEN P MD	
STREET ADDRESS	681 BAY LAUREL CT NE	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUA, WILLIAM MD	
STREET ADDRESS	6325 GARLAND CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUELO, ROBERTO	
STREET ADDRESS	16409 ASHWOOD DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIANAN, ESTHER	
STREET ADDRESS	4618 BAY TO BAY BLVD.	
CITY-ST-ZIP	TAMPA FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	ABINALES, PACITA M	
STREET ADDRESS	1522 75TH CIRCLE NE	
CITY-ST-ZIP	ST PETERSBURG FL 33702	

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		
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STREET ADDRESS		
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Religionis Calloway
RELIGIONIS CALLOWAY

2/20/2000
 Date

(727) 893-1428
 Daytime Phone #

CR2E037 (9/99)