

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90048 042 ****61.25

DOCUMENT # N96000003340

1. Entity Name

PORTUGUESE-AMERICAN CULTURAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6942 OLDGATE CIRCLE
 NEW PORT RICHEY FL 34655

PO BOX 697
 PORT RICHEY FL 34673-0697

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3388487

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

MENDES, BARBARA
6942 OLDGATE CIRCLE
NEW PORT RICHEY FL 34655

Name **MICHAEL V. DE LUCA**

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

13217 MOLITOR CT.

City **HUDSON**

FL

Zip Code **34669**

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

Michael V. De Luca

2-1-2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	REIS, OCILIO	
STREET ADDRESS	4416 LAS PALMAS AVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAVES, DEBBIE	
STREET ADDRESS	6134 6TH AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MENDES, BARBARA	
STREET ADDRESS	6942 OLDGATE CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOTELHO, LUCY	
STREET ADDRESS	6719 LARCHMONT AVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERREIRA, ABEL	
STREET ADDRESS	6329 RIDGE TOP DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELUCA, MICHAEL V	
STREET ADDRESS	13217 MOLITOR COURT	
CITY-ST-ZIP	HUDSON FL 34669	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIE AMADOR	
STREET ADDRESS	208 PEACEFUL RIDGE ROAD	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
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		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADELIND DA SILVA	
STREET ADDRESS	8711 JOLLY ROGER DR.	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	FIRST SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORY FERREIRA	
STREET ADDRESS	6329 RIDGE TOP DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
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: *Michael V. De Luca* MICHAEL V. DE LUCA 2/1/2000 856-3162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #