

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90049 045 ****61.25

DOCUMENT # N96000003340

1. Entity Name

PORTUGUESE-AMERICAN CULTURAL ASSOCIATION, INC.

Principal Place of Business

6942 OLDGATE CIRCLE
 NEW PORT RICHEY FL 34655

Mailing Address

PO BOX 697
 PORT RICHEY FL 34673

2. Principal Place of Business

P.O. Box 697
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PORT RICHEY FL

City & State

Zip

34673

Country

USA

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

DELUCA, MICHAEL V
 13217 MOLITOR CT
 HUDSON FL 34669

Name **ABEL FERREIRA**

Street Address (P.O. Box Number is Not Acceptable)
6329 RIDGETOP DR

City **NEW PORT RICHEY**

FL

Zip Code **34655**

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

ABEL FERREIRA

Abel Ferreira

2-18-01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

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

TITLE **D** Delete
 NAME **CHAVES, DEBBIE**
 STREET ADDRESS **6134 6TH AVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **T** Delete
 NAME **MENDES, BARBARA**
 STREET ADDRESS **6942 OLDGATE CIRCLE**
 CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **DT** Delete
 NAME **DELUCA, MICHAEL V**
 STREET ADDRESS **13217 MOLITOR COURT**
 CITY-ST-ZIP **HUDSON FL 34669**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Change Addition
 NAME **PRESIDENT**
 STREET ADDRESS **OCILIO REIS**
 CITY-ST-ZIP **4416 LAS PALMAS AVE**
SPRING HILL FL 34606

TITLE **D** Change Addition
 NAME **VICE PRESIDENT**
 STREET ADDRESS **BARBARA MENDES**
 CITY-ST-ZIP **6942 OLDGATE CIR**
NEW PORT RICHEY FL 34655

TITLE **D** Change Addition
 NAME **SECRETARY**
 STREET ADDRESS **GLORY FERREIRA**
 CITY-ST-ZIP **6329 RIDGETOP DR**
NEW PORT RICHEY FL 34655

TITLE **T** Change Addition
 NAME **TREASURER**
 STREET ADDRESS **ABEL FERREIRA**
 CITY-ST-ZIP **6329 RIDGETOP DR**
NEW PORT RICHEY FL 34655

TITLE **D** Change Addition
 NAME **SECOND SECRETARY**
 STREET ADDRESS **LINDA DALUZ**
 CITY-ST-ZIP **13066 LITTLE FARMS DR**
SPRING HILL FL 34609

TITLE **D** Change Addition
 NAME **DIRECTOR**
 STREET ADDRESS **JOSEPH DUARTE**
 CITY-ST-ZIP **3830 SABAL WOOD DR**
HOUSTON FL 34641

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:

BARBARA AP MENDES *Barbara A. Mendes* 2/18/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

00037856



DO NOT WRITE IN THIS SPACE