

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2002 8:00 am
Secretary of State

01-29-2002 90063 012 ****61.25

DOCUMENT # N96000003340

1. Entity Name

PORTUGUESE-AMERICAN CULTURAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

PO BOX 697
 PORT RICHEY FL 34673

PO BOX 697
 PORT RICHEY FL 34673

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

59-3388487

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

FERREIRA, ADEL
13217 MOLITOR CT
6329 RIDGE TOP DR
NEW PORT RICHEY FL 34655

Name

FERREIRA ABEL

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

6329 RIDGE TOP 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

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	2SD	<input type="checkbox"/> Delete
NAME	DALUZ, LINDA	
STREET ADDRESS	13066 LITTLE FARMS DR	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	MENDES, BARBARA	
STREET ADDRESS	6942 OLDGATE CIRCLE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUARTE, JOSEPH	
STREET ADDRESS	3830 SABAL WOOD DR	
CITY-ST-ZIP	HOLIDAY FL 34691	
TITLE	PD	<input type="checkbox"/> Delete
NAME	REISS, OCILIO	
STREET ADDRESS	4416 LAS PALMAS AVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FERREIRA, GLORY	
STREET ADDRESS	6329 RIDGE TOP DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERREIRA, ADEL	
STREET ADDRESS	6329 RIDGE TOP DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCALL RICHARD	
STREET ADDRESS	38155 MARTIN ST	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIS OCILIO	
STREET ADDRESS	4416 LAS PALMAS AVE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREIRA ABEL	
STREET ADDRESS	6329 RIDGE TOP DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	

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:

ABEL FERREIRA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-02

Date Daytime Phone #

CR2E037 (9/01)