

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90131 027 ***158.75

DOCUMENT # P35565

1. Entity Name
PNB REMITTANCE CENTERS, INCORPORATED



Principal Place of Business
3345 WILSHIRE BLVD STE 230
LOS ANGELES CA 90010
US

Mailing Address
3345 WILSHIRE BLVD.
SUITE 230
LOS ANGELES CA 90010
US

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 **94-3136317**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

33001823



6. Name and Address of Current Registered Agent

PANGILINAN, MARIANO M
10916 ATLANTIC BOULEVARD, SUITE 5
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name **EUGENIO P. MOMBAY**
Street Address (P.O. Box Number is Not Acceptable)
10916 ATLANTIC BLVD. SUITE 5
City **JACKSONVILLE** **FL** **Zip Code** **32225**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **EUGENIO P. MOMBAY**

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

(NOT Registered Agent signature required when reinstating)

DATE

1-31-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA, ROMMEL R 9 THORNBIRD ALISO VIEJO CA 92656	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARAS, RENE 1715 S DIAMOND BAR BLVD APT C DIAMOND BAR CA 91765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SERAFIN, CESAR OSCAR 2441 FLORA ST W. WEST COVINA CA 91792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALAJENDRINO, MICHAEL ALFRED 20220 LEADWELL ST CANOGA PARK CA 91306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADRID, ANTONIO 9 COPPERCREST ST ALISO VIEJO CA 92656	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUIZON, JOSE VICENTE 117 SEAFRONT GARDEN ROXAS BLVD MANILA PHILIPPINES	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 607, 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: **ROMMEL R. GARCIA, President & CEO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/03 - (323) 802- 8050

Date Daytime Phone #

CR2E034 (10/02)