

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90409 042 ****61.25

DOCUMENT # 715620

1. Entity Name

FILIPINO-AMERICAN ASSOCIATION OF FLORIDA, INC.



Principal Place of Business

**812 CRESTVIEW CIRCLE
WESTON FL
US**

Mailing Address

**127 NW 152ND LANE
PEMBROKE PINES FL 33028-822
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 **23-7283890**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROLANDO F. DURIA
127 NW 152ND LN
PEMBROKE PINES FL 33028**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **CIOCON, JERRY MD**
STREET ADDRESS **7690 SW 128 STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SANCHEZ, CESAR**
STREET ADDRESS **9355 SW 77TH AVE #404B**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DURIA, ROLANDO F**
STREET ADDRESS **127 NW 152ND LANE**
CITY-ST-ZIP **PEMBROKE PINES FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **ZARCO, SOLEDAD A**
STREET ADDRESS **7690 SOUTHWEST 128TH STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ABUEG, MAURA**
STREET ADDRESS **7690 SW 128TH STREET**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **CIOCON, DAISY G PHD**
STREET ADDRESS **812 CRESTVIEW CIRCLE**
CITY-ST-ZIP **WESTON FL 33327**

TITLE ☐ Change ☐ 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: **MAURA A. ABUEG (Treasurer)**

April 28, 2003 (954)436-5723

CR2E037 (10/02)