

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90001 038 ****70.00

DOCUMENT # N00000002564

1. Entity Name

PHILIPPINE AMERICAN LADIES OF MACDILL, INC.

Principal Place of Business

Mailing Address

**4102 WISCONSIN AVENUE
 TAMPA FL 33616**

**4102 WISCONSIN AVENUE
 TAMPA FL 33616**

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

59-3667591

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, ELENA L
 4102 WISCONSIN AVENUE
 TAMPA FL 33616**

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.

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	D	<input type="checkbox"/> Delete
NAME	BARRIDO, ANTONIETTA	
STREET ADDRESS	3714 ROLLAND ST.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALLACE, ROSE	
STREET ADDRESS	2024 SHADOW PINE DRIVE	
CITY-ST-ZIP	BRANDON FL 33609	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILKINS, JUDY	
STREET ADDRESS	4643 31ST AVE N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33713	
TITLE	P	<input type="checkbox"/> Delete
NAME	MILLER, ELENA L	
STREET ADDRESS	4102 WISCONSIN AVE	
CITY-ST-ZIP	TAMPA FL 33616	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	MATHENY, LIZA	
STREET ADDRESS	1808 CATTLEMAN DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VPM	<input type="checkbox"/> Delete
NAME	LOMPREZ, LIZA	
STREET ADDRESS	11109 W ELBOW DRIVE	
CITY-ST-ZIP	TAMPA FL 33612	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYRRELL, TITA	
STREET ADDRESS	3303 PAUL AVE	
CITY-ST-ZIP	TAMPA, FL. 33611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, PRIMA	
STREET ADDRESS	3775 39th AVE N	
CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33714	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANESKY, MARYANN	
STREET ADDRESS	4022 69th N	
CITY-ST-ZIP	ST. PETERSBURG, FLORIDA 33709	
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, ROSE	
STREET ADDRESS	2024 SHADOW PINE DRIVE	
CITY-ST-ZIP	BRANDON, FLORIDA 33609	
TITLE	VPPR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RILEY, MERCEDES	
STREET ADDRESS	17604 SPRIT DR.	
CITY-ST-ZIP	TAMPA, FLORIDA 33647	
TITLE	RS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, MYLENE	
STREET ADDRESS	4102 WISCONSIN AVE	
CITY-ST-ZIP	TAMPA, FLORIDA 33616	

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: ELENA L. MILLER **2-22-02** **813-832-3094**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2E037 (9/01)