

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09142

1. Entity Name

THE FILIPINO COMMUNITY ASSOCIATION OF FLORIDA, I

Principal Place of Business

1160 N.E. 134 STREET  
N MIAMI FL 33161

Mailing Address

1160 N.E. 134 STREET  
N MIAMI FL 33161-4253

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

65-0174633

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

RAVELO, TED L  
1160 N.E. 134 STREET  
N MIAMI FL 33161

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 PD ☐ Delete

NAME RAVELO, TED L  
STREET ADDRESS 1160 N.E. 134 STREET  
CITY-ST-ZIP N MIAMI FL

TITLE D ☐ Delete

NAME TRINIDAD, RUBEN  
STREET ADDRESS 1221 NE 131  
CITY-ST-ZIP N MIAMI FL 33161

TITLE FVP ☐ Delete

NAME PRACHAYASATIERKUL, JOY  
STREET ADDRESS 1791 NE 139 STREET  
CITY-ST-ZIP N MIAMI FL 33181

TITLE SVP ☐ Delete

NAME JOAQUIN, JOSE  
STREET ADDRESS 1120 SW 87TH TERRACE  
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE S ☐ Delete

NAME RAZ, OLTE F.  
STREET ADDRESS 2020 NE 135TH ST #1008  
CITY-ST-ZIP NORTH MIAMI FL 33181

TITLE T ☐ Delete

NAME REYNO, TERESITA  
STREET ADDRESS 17605 SW 20TH ST  
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Ted L Ravelo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-2000

(305) 895-0325

Date

Daytime Phone #

CR2E037 (9/99)