2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 18, 2000 8:00 am
Secretary of State
04-17-2000 90116 028 ****70.00

DOCUMENT # N14372

1. Entity Name

FILIPINO-AMERICAN ASSOCIATION OF BREVARD COUNTY,

Principal Place of Business	Mailing Address
1016 MARY JOYE AVE INDIAN HARBOR BEACH FL 32937 US	1016 MARY JOYE AVE INDIAN HARBOR BEACH FL 32937-4265 US

DO NOT WRITE IN THIS SPACE

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 59-3063767 ☐ 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
CERDENA, LUCY 1016 MARY JOYE AVE INDIAN HARBOR BEACH FL 32937	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	V MONTOYA, VEN 121 NANTUCKET LN PALM BAY FL 32907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Lim, Leticia 1505 Paisely St. NW Palm Bay, FL 32907	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WADE, NORA 130 VIN ROSE CR SE PALM BAY FL 32909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Apelado, Gene 1950 Tallridge Rd. Melbourne, FL 32935	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZIMMERMAN, GINA 321 POLARIS DR SATELLITE BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIAN, PIO DR 1801 HARDIN LN PALM BEACH FL 32905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cox, Vivian 155 Lee St. Satellite Beach, FL 32937	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CERDENA, LUCY 1016 MARY JOYE AVE. INDIAN HARBOUR BEACH FL 32937	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DE LA PAZ, ROMY 3234 ABBOT AVE NE PALM BAY FL 32905	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Barber, Levelyn 3864 Grand Meadows Blvd. Melbourne, FL 32934	☐ Change ☑ 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 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: Nora F. Wade (T) 4/10/2000 321-726-8662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #