2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # NI4372 Jul 26, 2001 8:00 am **Secretary of State** Filipino-American Association of Brenard 07-26-2001 90008 012 ****61.25 C0074390 incipal Place of Business PAIS VSV ST. NW Mailing Address AIS VEY ST. NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE PAU M Bay Applied For State State YAB Not Applicable ²⁸2907 \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LETICIA Street-Address (P.O. Box, Number is Not Acceptable) 505-01-5084. ST. NO Zip 32 407 City PA LM 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TUDGIZZIG TENETAN BYREEK MOODE BIND ☐ Addition TITLE TITI F LETICIA PAISUEY ST. NW NAME NAME STREET ADDRESS STREET ADDRESS 16/8001N6,5/ 3243U CITY-ST-ZIP CITY-ST-ZIP **Addition** TITLE Delete TITLE Change TOBUS PAZ NAME NAME 30 VIN LOSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NOW CERDENA NAME NAME: RON STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. LETICIA CIAN FAABCO PRESIDENT 6/27/01

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date