

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90010 044 ****61.25

720401



DO NOT WRITE IN THIS SPACE

DOCUMENT # N16813

1. Entity Name

THE PHILIPPINE-AMERICAN ASSOCIATION OF THE TREAS

Principal Place of Business

Mailing Address

% MARILYN MARANON
 4995 SOUTH US 1
 FORT PIERCE FL 34982

% MARILYN MARANON
 4995 SOUTH US 1
 FORT PIERCE FL 34982-7079

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2757643

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MARANON, MARILYN
4995 S US 1
FORT PIERCE FL 34982

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	P	<input checked="" type="checkbox"/> Delete
NAME	MENDOZA, ROLAND	
STREET ADDRESS	1115 SUNVILLA	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	REYES, ARISTO	
STREET ADDRESS	3503 SE CHARING CROSS LANE	
CITY-ST-ZIP	PT ST LUCIE FL 34952	
TITLE	S	<input type="checkbox"/> Delete
NAME	REODICA, MALU	
STREET ADDRESS	119 NARANJA AVENUE, NORTH	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUCERO, CYNTHIA	
STREET ADDRESS	1107 KINGSWOOD LANE	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENCHAVEZ, CHRISTINA	
STREET ADDRESS	5304 BIRCH DR	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORMA NYCUM	
STREET ADDRESS	645 COLONIAL DRIVE	
CITY-ST-ZIP	VERO BEACH FL	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, ARISTO	
STREET ADDRESS	3503 SE CHARING CROSS LN.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCERO, WELVIN	
STREET ADDRESS	317 S.W. LUCERO DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME AS IN # 10	
STREET ADDRESS	6780 N.W. ABIGAIL AVE.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME AS IN # 10	
STREET ADDRESS	317 S.W. LUCERO DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE REQUIRED** *WELVIN LUCERO V.P.* *4/19/2000* *561-875-9759*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17 1999