

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90003 002 ****61.25

DOCUMENT # N16813

1. Entity Name

THE PHILIPPINE-AMERICAN ASSOCIATION OF THE TREAS

Principal Place of Business

% MARILYN MARANON
 4995 SOUTH US 1
 FORT PIERCE FL 34982

Mailing Address

% MARILYN MARANON
 4995 SOUTH US 1
 FORT PIERCE FL 34982

2. Principal Place of Business

P.O. Box 13266

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 13266

Suite, Apt. #, etc.

City & State

PORT PIERCE, FL 34979

City & State

FT. PIERCE, FL 34975

Zip

34979

Country

USA

Zip

34975

Country

USA

4. FEI Number

59-2757643

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARANON, MARILYN
 4995 S US 1
 FORT PIERCE FL 34982

7. Name and Address of New Registered Agent

Name CYNTHIA C. LUCERO

Street Address (P.O. Box Number is Not Acceptable)

317 SW LUCERO DRIVE

PORT ST. LUCIE,

City

FL

Zip Code

34953

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.

CYNTHIA C. LUCERO

SIGNATURE Cynthia C. Lucero TREASURER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/01

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	LUCERO, MELVIN	
STREET ADDRESS	317 SW LUCERO DR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	P	<input 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	6780 NW ABIGAIL AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUCERO, CYNTHIA	
STREET ADDRESS	317 SW LUCERO DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCERO, MELVIN	
STREET ADDRESS	317 SW LUCERO DR	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Cynthia C. Lucero CYNTHIA C. LUCERO 4/28/01 561-879-9755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)