

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90177 018 \*\*\*\*\*61.25

**DOCUMENT # N16813**

1. Entity Name

**THE PHILIPPINE-AMERICAN ASSOCIATION OF THE TREAS  
URE COAST, INC.**



Principal Place of Business

P.O. BOX 13266  
FORT PIERCE FL 34979

Mailing Address

P.O. BOX 13266  
FORT PIERCE FL 34979

**30052633**



☐ CHECK HERE IF MAKING CHANGES

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

**LUCERO, CYNTHIA C  
317 SW LUCERO DRIVE  
PORT SAINT LUCIE FL 34983**

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCERO, WELVIN 317 SW LUCERO DR PORT SAINT LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES, ARISTO 3503 SE CHARING CROSS LANE PT. ST. LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REODICA, MALU 6780 NW ABIGAIL AVE PORT SAINT LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCERO, CYNTHIA 317 SW LUCERO DRIVE PORT SAINT LUCIE FL 34983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENCHAVEZ, CHRISTINA 5304 BIRCH DR FT PIERCE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORMA NYCUM 645 COLONIAL DRIVE VERO BEACH FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCERO, CYNTHIA 317 S.W. LUCERO DR. PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEOCAMPO, ANJE 2824 S.E. TATE AVE. PORT ST. LUCIE, FL. 34984	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELUMBA, CARMELITA 5352 N.W. CHICOPA ST. PORT ST. LUCIE, FL. 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAGNAN, CRISTINA 574 S.W. LUCERO DR. PORT ST. LUCIE FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANLONGBLO, ANITA 4914 BUCHANAN DRIVE FORT PIERCE, FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, TRINIDAD 1506 SW 32nd ST. GREAT LAKES, FL 34974	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:** *CYNTHIA C. LUCERO*  
**REGISTERED AGENT**

4/6/03

772-879-9759

CR2E037 (10/02)

Additional Officers of Phil-Am Cruz.

Attachment

30052683

# N16813

Auditor -

PINKY VILLARASA

Pinky Villanosa

217 SE. Twig Ave.

PORT ST. LUCIE, FL 34983

PRO -

ROLANDO MENDOZA

1115 SUNVILLA DRIVE

VERO BEACH, FL 32960

Busmgt -

LUYAO, ATILANO

1875 ELROSE ST.

PORT ST. LUCIE, FL 34982

DIRECTOR -

ALCANTILADO, LETHA

1552 S.E. ROYAL GREEN CIRC. APT 0-103

PORT ST. LUCIE, FL 34982