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Mar 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21731 (7)

1. Corporation Name

UNITED FILIPINO AMERICAN ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business
3199 LAKE WORTH RD
SUITE B-4
LAKE WORTH FL 33461
US
Mailing Address
3199 LAKE WORTH RD
SUITE B-4
LAKE WORTH FL 33461-3652
US

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/28/19873a. Date of Last Report
05/01/19964. FEI Number
59-2836761Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required6. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

BARRAMEDA, ESTHER
31999 LAKE WORTH RD SUITE B-4
LAKE WORTH FL 33461

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BARRAMEDA, DR ESTHER
STREET ADDRESS 3199 LAKE WORTH RD SUTE B-4
CITY-ST-ZIP LAKE WORTH FLTITLE D ☐ DELETE
NAME ABUAN, NESTOR
STREET ADDRESS 10282 BOCA ENTRAPA BLVD APT 102
CITY-ST-ZIP BOCA RATON FLTITLE D ☐ DELETE
NAME GUIERREZ, LINDO B. II MD
STREET ADDRESS 1520 WILDERNESS ROAD
CITY-ST-ZIP W PALM BCH FLTITLE D ☐ DELETE
NAME BERNABE S. GUERZON
STREET ADDRESS 1215 BEAR ISLAND DRIVE
CITY-ST-ZIP WPB FL 33409TITLE D ☐ DELETE
NAME ROSARIO, VIOLETTA
STREET ADDRESS 6532 ATHENA DR
CITY-ST-ZIP LAKE WORTH FLTITLE VP ☐ DELETE
NAME GUERZON, PHOEBELYN DR
STREET ADDRESS 1215 BEAR ISLAND DR
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bernabe S. Guerson

2/25/97

561-969-6144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0043613

CR2E037 (9/96)