

# 2000 UNIFORM BUSINESS REPORT (UBR)

Pg. 1 of 2

004010

DOCUMENT # N21731

1. Entity Name

UNITED FILIPINO AMERICAN ASSOCIATION OF PALM BEA

Principal Place of Business

106 LAKE FRANCIS DRIVE  
WEST PALM BEACH FL 33411  
US

Mailing Address

106 LAKE FRANCIS DRIVE  
WEST PALM BEACH FL 33411-2320  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1217 ISLAND SHORES DRIVE  
WEST PALM BEACH, FL  
33413 USA

4. FEI Number

59-2836761

Applied For

Not Applicable

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

GREGORIO, RIVO N  
106 LAKE FRANCIS DRIVE  
GOLDEN LAKES VILLAGE  
WEST PALM BEACH FL 33411

Name

Marilyn A. Williamson

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

1217 Island Shores Drive

City

West Palm Beach

FL

Zip Code

33413

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

Marilyn A. Williamson  
Marilyn A. Williamson

April 15, 2000

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 NAME STREET ADDRESS CITY-ST-ZIP	P GREGORIO, RIVO N 106 LAKE FRANCIS DRIVE, GOLDEN LAKES VILL WEST PALM BEACH FL 33411	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMSON, MARILYN 1749 MANOR AVENUE WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, ZEMAIDA D 414 45TH STREET WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNABE S. GUERZON 1215 BEAR ISLAND DRIVE WPB FL 33409	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSARIO, VIOLETTA 6532 ATHENA DR LAKE WORTH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERZON, PHOEBELYN DR 1215 BEAR ISLAND DR WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARILYN A. WILLIAMSON 1217 ISLAND SHORES DRIVE WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALBERTO BUSTOS 12058 82ND LANE NORTH WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERNADETTE BUSTOS 12058 82ND LANE NORTH WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ESTER CALALO 5445 THURSTON AVENUE LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTHER BARRAMEDA M.D. 141 ALCAZAR STREET ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHOEBELYN GUERZON M.D. 1215 BEAR ISLAND DRIVE WEST PALM BEACH, FL 33409	<input checked="" type="checkbox"/> Change <input 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:

Marilyn A. Williamson

April 15, 2000 (561) 966-5203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

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Pg. 2 of 2

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*UNITED FILIPINO AMERICAN ASSOCIATION  
OF PALM BEACH COUNTY, INC*

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Mailing Address

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
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DO NOT WRITE IN THIS SPACE

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City

**FL**

Zip Code

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**\$5.00** May Be  
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**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>A (AUDITOR) ELENA CIGENARO 680 NE MARIE DRIVE BOCA RATON, FL 33431</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D MYRNA ENGLE 3687 HOLIDAY ROAD PALM BEACH GARDENS, FL 33410</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D PETE LALICON 154 CORDOVA CIRCLE ROYAL PALM BEACH, FL 33411</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D AMELIA M. LAPLANTE 5505 BERRY BLOSSOM WAY EAST WEST PALM BEACH, FL 33415</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D CECILIA LIANGCO, MD 4821 BLUE PINE CIRCLE LAKEODASH, FL 33463</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D RAQUEL LIM 110 SALADOBA BLVD ROYAL PALM BEACH, FL 33411</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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**KE**