

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90206 004 ****70.00

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

1217 ISLAND SHORES DRIVE
 WEST PALM BEACH FL 33413

2. Principal Place of Business

2800 Lake Avenue

3. Mailing Address

2800 Lake Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33405

Country

Palm Beach

Zip

33405

Country

Palm Beach

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

WILLIAMSON, MARILYN A
 1217 ISLAND SHORES DRIVE
 WEST PALM BEACH FL 33413

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2800 Lake Avenue
CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	T Watson, Zensaida
CITY-ST-ZIP	914 45th Street West Palm Beach, FL 33407
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Marilyn A. Williamson
 Marilyn A. Williamson

4/30/01 (561) 758-7527

CR2E037 (10/00)