

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22906

1. Entity Name

PHILIPPINE FRIENDSHIP SOCIETY INC.

Principal Place of Business

6500 MALONEY AVE
LOT 97
KEY WEST FL 33040
US

Mailing Address

6500 MALONEY AVE
LOT 97
KEY WEST FL 33040
US

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

65-0276974

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

DELOS TRINOS, RODRIGO C
6500 MALONEY AVE
KEY WEST FL 33040

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DELOS TRINOS, RODRIGO C	
STREET ADDRESS	6500 MALONEY AVE #97	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CACHO, JULIET	
STREET ADDRESS	TAMARIND DR #7	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALLEN, PAUL M. JR.	
STREET ADDRESS	1011 PACKER STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELDON, DR. JOHN	
STREET ADDRESS	3314 NORTHSIDE DR.	
CITY-ST-ZIP	KEY WEST, FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTIAN, BRIAN	
STREET ADDRESS	19637 SEMINOLE STREET	
CITY-ST-ZIP	SUGARLOAF FL 33042	
TITLE		<input type="checkbox"/> Delete
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		
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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:

SIGNATURE REQUIRED

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90121 022 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)