2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State **DOCUMENT # N26661** FILIPINO AMERICAN CULTURAL ASSOCIATION, INC. 05-16-2000 90125 033 ****61.25 Principal Place of Business Mailing Address 6 EMERALD DR. 6 EMERALD DR. PORPOISE POINT PORPOISE POINT KEY WEST FL 33040-5636 KEY WEST FL 33040-5636 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0364554 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) TABAG, ERLINDA S. 6 EMERALD DR. PORPOISE POINT Zia Code KEY WEST FL 33040 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. ERLINDA S. TABAG SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5,00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME TABAG, ANDRES P. STREET ADDRESS STREET ADDRESS **6 EMERALD DRIVE** CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL Delete TITLE ☐ Change Addition VCD--TITLE MICHAEL J. SKINNER OSMAR, LOUIS B. NAME NAME 106 AVE.D, BIG COPPITT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL ☐ Change ☐ Addition TITI F ☐ Delete TITLE SUSAN DOMINGUEZ NAME NAME STREET ADDRESS STREET ADDRESS 13 JEWFISH AVENUE CITY-ST-7IP CITY-ST-ZIP KEY LARGO FL ☐ Change ☐ Addition Delete TITLE TITLE POPPLEIN, TERESITA NAME NAME STREET ADDRESS STREET ADDRESS 273 HIBISCUS ST CITY-ST-ZIP CITY-ST-ZIP BIG PINE KEY FL ☐ Change ☐ Addition ☐ Delete TITLE COUGHLIN, EMILIA NAME NAME STREET ADDRESS STREET ADDRESS 41-H MIRIAM STREET CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

GANDRES P. TABAG) 04/27/2000