

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 08:00 AM****Secretary of State****DOCUMENT # N95000000855****1. Entity Name****FILIPINO-AMERICAN CHAMBER OF COMMERCE OF NORTHWEST FLO
RIDA, INC.****Principal Place of Business****3101 LEESBURG SQ****PENSACOLA****32504****FL****US****Mailing Address****3101 LEESBURG SQ****PENSACOLA****32504****FL****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**59-3299670**

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****RAMOS JOSE C****3101 LEESBURG SQ****PENSACOLA****32504****FL****US**

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 _____ **05/02/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	LEGASPI ROLANDO C	3 NO. 77TH AVENUE	FL 32526	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	HERRERA DIVINA R	6601 GREENWELL STREET	FL 32526	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	NARCISO NELLIE F.	643 CEDAR BLUFF DR	FL 32506	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	LOJO WILFREDO M	2202 NO 61ST AVE	FL 32506	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	ABAD FRANCISCO R.	805 N. WITT LANE	FL 32533	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	RAMOS JOSE C.	3101 LEESBURG SQ	FL 32504	<input 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)(f), 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: JOSE C. RAMOS****D****05/02/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)