

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000529

1. Entity Name

GUYANA AMERICAN CULTURAL ASSOCIATION, INC.

Principal Place of Business

3301 3RD AVENUE NORTH  
ST. PETERSBURG FL 33713

Mailing Address

3301 3RD AVENUE NORTH  
ST. PETERSBURG FL 33713

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

65-0765320

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

JAIMANGAL, MADO  
6598 18 STREET NORTH  
ST. PETERSBURG FL 33702

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	PD JAIMANGAL, MADO	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6598 18TH STREET NORTH ST. PETERSBURG FL 33702	
TITLE NAME	STD CURVE, MYRNA	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	2361 MILLWOOD LANE CLEARWATER FL	
TITLE NAME	VD CORBIE, PHYLLIS	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4109 52ND AVE S ST PETE FL	
TITLE NAME	D RAMCHARRAN, JASODRA	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	243 KATHERINE BLVD, APT 5103 PALM HARBOR FL 34684	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	STD RAMCHARRAN, JASODRA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	243 KATHERINE RD. PALM HARBOR, FL 34684	(STD)
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		
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 15, 2002 8:00 am  
Secretary of State

05-15-2002 90028 004 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)