

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90056 035 ****66.25

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DOCUMENT # N96000002551

1. Entity Name

ASSOCIATION OF FILIPINO-AMERICAN COMMUNITIES, IN
C., FL. U.S.A.

Principal Place of Business

Mailing Address

3640 SE 24TH AVE
OCALA FL 34471

3640 SE 24TH AVE
OCALA FL 34471

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

52-1997971

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

REPIEDAD, AGUINALDO V JR
3640 SE 24TH AVENUE
OCALA FL 34471

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 D ☐ Delete
NAME FARRAR, ROSE
STREET ADDRESS 1744 NE 61ST PLACE
CITY-ST-ZIP OCALA FL 34479

TITLE DIRECTOR (D) ☐ Change ☒ Addition
NAME EMMANUEL DIAZ
STREET ADDRESS 1624 S.E. 29TH TOWN
CITY-ST-ZIP OCALA, FL 34471

TITLE D ☐ Delete
NAME LOPEZ, LEO
STREET ADDRESS 2922 SE 24TH AVENUE
CITY-ST-ZIP OCALA FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RAMOS, POMPEY B
STREET ADDRESS 2324 SE 33RD PLACE
CITY-ST-ZIP OCALA FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MINE, LIBBY
STREET ADDRESS 1715 W NAT TURNER LANE
CITY-ST-ZIP DUNNELLON FL 34434

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME REPIEDAD, AGUINALDO L
STREET ADDRESS 2323 SE 33RD PLACE
CITY-ST-ZIP OCALA FL 34471

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROMAN, JOSE L MD
STREET ADDRESS 300 SE 48TH AVENUE
CITY-ST-ZIP OCALA FL 34471

TITLE ☐ Change ☐ 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)