

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005163

1. Entity Name

PHILIPPINE-AMERICAN CORPORATION OF FLORIDA

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90060 049 ****70.00

Principal Place of Business P.O. BOX 640654 BEVERLY HILLS FL 34464		Mailing Address P.O. BOX 640654 BEVERLY HILLS FL 34464-0654	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3466349** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ZEHM, NENA L 27 ROSEVILLE BLVD. BEVERLY HILLS FL 34465		7. Name and Address of New Registered Agent Name REYNA BELL Street Address (P.O. Box Number is Not Acceptable) 3199 N. TYRONE AVE. City HERNANDO FL Zip Code 34442	
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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]* **REYNA BELL-PRESIDENT** DATE **1-18-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROMULO D. POSTADAN 799 N. CHERRY POP DR. INVERNESS FL 34453 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NENA ZEHEM 27 ROOSEVELT BLVD. BEVERLY HILLS, FL. 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLANTINO, NICHOLAS 1858 ELDERBERRY LANE INVERNESS FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDISON BANUA 450 E. HARTFORD HERNANDO, FL. 34442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMEN CHASIN 8251 LINWOOD LOOP DUNELLON FL 34433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BEVERLY DULCE 640 N. MAN-O-WAR INVERNESS, FL. 34453 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMEN COLANTINO 1858 ELDERBERRY LANE INVERNESS FL 34453 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURITA M. TROMPETA 823 N. CHERRY POP DR. INVERNESS FL 34453 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NERY, TERESITA 1848 E MONOPLY LOOP INVERNESS FL 34453 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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)(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]* **SIGNATURE RECEIVED** DATE **1-18-00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR