

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2000 8:00 am
Secretary of State
 09-06-2000 90094 033 ****61.25

DOCUMENT # N97000006275

1. Entity Name
PHILIPPINE AMERICAN FEDERATION OF SOUTH FLORIDA,

Principal Place of Business Mailing Address
 7601 E TREASURE DR. #2001 7601 E TREASURE DR. #2001
 NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141

80105042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
659 NE 125th Street **659 NE 125th Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
North Miami, FL **North Miami, FL**
 Zip Country Zip Country
33161 **USA** **33161** **USA**

4. FEI Number Applied For
65-0793909 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRUCE, JOCELYN H
7601 E TREASURE DR. #2001
NORTH BAY VILLAGE FL 33141

7. Name and Address of New Registered Agent
 Name **Nida Winnett**
 Street Address (P.O. Box Number is Not Acceptable)
11761 SW 52nd Court
 City **Cooper City** FL Zip Code **33330**

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 *Nida Winnett* **NIDA WINNETT, PRESIDENT 8-16-00**
 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
After September 13, 2000 min. will be \$236.25
 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	Delete	TITLE	NAME	Change Addition
D	RAVELO, TED	<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	1160 N.E. 134 STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33168		CITY-ST-ZIP		
VP	WINNETT, NIDA	<input type="checkbox"/>	P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	11761 S.W. 52 COURT		STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33330		CITY-ST-ZIP		
T	FORTE, NENA	<input type="checkbox"/>	S		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	12995 SW 188 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33177		CITY-ST-ZIP		
D	HOBART, GLENDA	<input type="checkbox"/>			<input type="checkbox"/>
STREET ADDRESS	4501 EAST COUNTRY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33317		CITY-ST-ZIP		
D	GARCIA, RIC	<input checked="" type="checkbox"/>	Helen Kranzel		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	290 N.W. 165 STREET		STREET ADDRESS	1611 NW 12 Ave - Rehab 310	
CITY-ST-ZIP	MIAMI FL 33161		CITY-ST-ZIP	Miami, FL 33131	
P	BRUCE, JOCELYN H	<input type="checkbox"/>	D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7601 EAST TREASURE DRIVE #2001		STREET ADDRESS		
CITY-ST-ZIP	NORTH BAY HILL FL 33141		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: *Nida Winnett* **NIDA WINNETT 8-16-00 305-585-7112**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)