2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91160 002 ****61.25

DOCUMENT # N97000006275

1. Entity Name: Philippine - American Federation of South Florida, Inc. ✓

Principal Place of Business	Mailing Address
659 NE 125th St. Miami, Fl. 33161	659 NE 125th St Miami, Fl 33161

770849

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 659 NE 125th St	3. Mailing Address: 659 NE 125th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33161 — Country: USA	Zip: 33161 — Country: USA

4. FEI Number: 650 793909 — ☑ 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
Name: Nida Winnett
Street Address (P.O. Box Number is Not Acceptable): 11761 SW 52 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 President — 5-1-01
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 / STREET ADDRESS / CITY-ST-ZIP	President / Nida Winnett / 11761 SW 52 Court / Cooper City, Fl 33330	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / Nena Forte / 12995 SW 188 St / Miami, Fl 33177	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / Glenda Abbott / 4501 East Country Circle / Plantation, Fl 33317	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / Ric Garcia / 290 NW 165 St / Miami, Fl 33161	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director / Bruce Jocelyn H / 7601 East Treasure Drive #2001 / North Bay Hill Fl, 33141	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E037 (11/00)

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 — 5-1-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #