

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002472

1. Entity Name

POLYNESIAN AMERICAN CULTURE ASSOCIATION, INC.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90012 027 \*\*\*\*61.25

Principal Place of Business

Mailing Address

505 S.W. 14TH STREET  
FORT LAUDERDALE FL 33315

505 S.W. 14TH STREET  
FORT LAUDERDALE FL 33315-1426

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

65-0852499

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

ROCHLIN, DEBRA P.  
900 SOUTH ANDREWS AVENUE  
FORT LAUDERDALE FL 33301

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	ALAILIMA, CHIEF FALA	505 S.W. 14TH STREET	FORT LAUDERDALE FL 33315	<input type="checkbox"/>
V	LILI, NIFO	505 S.W. 14TH STREET	FORT LAUDERDALE FL 33315	<input type="checkbox"/>
D	GAGLIANO, RUSSEL	505 S.W. 14TH STREET	FORT LAUDERDALE FL 33315	<input checked="" type="checkbox"/>
D	TAVITA, JOE	505 S.W. 14TH STREET	FORT LAUDERDALE FL 33315	<input checked="" type="checkbox"/>
T	ALAILIMA, GAIL	505 SW 14TH ST	FT LAUDERDALE FL	<input type="checkbox"/>
D	KILIONQA, NICK	505 SW 14TH ST	FT LAUDERDALE FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
SECRETARY	KELLY, FA'ASI'U. SECRETARY	1115 NW 107TH STREET	MIAMI FL 33168	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VICE PRESIDENT	LILI'I, NIFO	3861 SW 60TH TERRACE	DAVIE FL 33314	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DIRECTOR	LEAO, TAMA	4491 NW 19TH AVENUE	OAKLAND PARK FL 33309	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	MADRID, MIKE	1749 EAST HALLANDALE BEACH BOULEVARD	HALLANDALE FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	TROTTE, JEFF	2437 NASSAU LANE	FORT LAUDERDALE FL 33312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	FA'ALATA, FOTUOATUA	1115 NW 107TH STREET	MIAMI FL 33168	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: *Chief Fala Alailima* (Chief Fala Alailima) 4/17/2000 (954) 524-9219  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #