

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002472

1. Entity Name

POLYNESIAN AMERICAN CULTURE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

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

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 *Rochlin Debra P.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/02

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

T
NAME P
STREET ADDRESS ALAILIMA, CHIEF FALA
CITY-ST-ZIP 505 S.W. 14TH STREET
FORT LAUDERDALE FL 33315 ☐ Delete

D
NAME VP
STREET ADDRESS LILI, NIFO
CITY-ST-ZIP 3861 SW 60TH TERRACE
DAVE FL 33314 ☐ Delete

T
NAME S
STREET ADDRESS KELLY, FA'ASI'U
CITY-ST-ZIP 1115 NW 107TH ST
MIAMI FL 33168 ☐ Delete

D
NAME D
STREET ADDRESS LEO, TAMA
CITY-ST-ZIP 4491 NE 19TH AVE
OAKLAND PARK FL 33309 ☐ Delete

T
NAME T
STREET ADDRESS ALAILIMA, GAIL
CITY-ST-ZIP 505 SW 14TH ST
FT LAUDERDALE FL ☐ Delete

D
NAME D
STREET ADDRESS MADRID, MIKE
CITY-ST-ZIP 1749 E HALLANDALE BEACH BLVD
HALLANDALE FL 33009 ☒ Delete

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Christina M. Williams* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-2002



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)