

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90137 044 ****61.25

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DOCUMENT # N99000001587

1. Entity Name

THE ASIAN PACIFIC FILM FESTIVAL OF FLORIDA, INC.



Principal Place of Business

**7509 NW 3RD ST
PLANTATION FL 33317**

Mailing Address

**P.O. BOX 16515
PLANTATION FL 33318-6515**

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 **65-0909758**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILLIAMS, BERYL
7509 NW 3RD STREET
PLANTATION FL 33317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Beryl Williams

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	FIFI, PATRICIA	
STREET ADDRESS	641 RIDGEWOOD DR	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POON, CRYSTAL	
STREET ADDRESS	11829 SW 107 TERRACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRAMEDA, ROSARIO M	
STREET ADDRESS	16 ROYAL PALM WAY #105	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	T	<input type="checkbox"/> Delete
NAME	QUAN, JIM	
STREET ADDRESS	2049 SE 6TH STREET	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	P	<input type="checkbox"/> Delete
NAME	DELIA, JOHN	
STREET ADDRESS	7509 NW 3RD STREET	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAHN, JOAN	
STREET ADDRESS	2049 SE 6TH ST, #C	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERYL WILLIAMS	
STREET ADDRESS	7509 NW 3RD ST.	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	S. Leo ARRIEsgado	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P240 SW 3RD CT.	
STREET ADDRESS	NHL. Lauderdale, FL 33068.	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D. JOAN KAHN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11550 NW 20 ST.	
STREET ADDRESS	Plantation FL 33323	
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:

SIGNATURE REQUIRED

CR2E037 (10/02)