

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90128 030 ***150.00

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DOCUMENT # P02000058030



1. Entity Name
PINOY CONNECTION, INC.

Principal Place of Business
**586 OAKMONT DR.
ORANGE PARK FL 32075**

Mailing Address
**586 OAKMONT DR.
ORANGE PARK FL 32075**



2. Principal Place of Business
**10950 SAN JOSE BLVD
SUITE, Apt. #, etc.
SUITE 48**

3. Mailing Address
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

4. FEI Number
01-0704352

Applied For
Not Applicable

Zip
32223

Country
DUVAL

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROTHSTEIN, SETH L
4417 BEACH BLVD., STE. 104
JACKSONVILLE FL 32207**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ALUMPE, RENATO A 586 OAKMONT DR. ORANGE PARK FL 32073 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD ALUMPE, LLIAN T 586 OAKMONT DR. ORANGE PARK FL 32075 | <input type="checkbox"/> Delete |
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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 607, 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: **RENATO A. ALUMPE** 03/19/03 (904) 262-7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)