

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007507

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** UNIVERSIDAD INTERAMERICANA DE PUERTO RICO, INC.

**Current Principal Place of Business:**

399 GALILEO ST. JARDINES METROPOLITANOS  
SAN JUAN, PR 009274518

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 363255  
SAN JUAN, PR 009363255

**New Mailing Address:**

FEI Number: 66-0177776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TORRES-CARABALLO, ANNETTE MRS.  
3201 EAST COLONIAL DRIVE  
SITE U-4  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: PLAZA, LUIS A ESQ  
Address: 399 GALILEO ST. JARDINES METROPOLITANOS  
City-St-Zip: SAN JUAN, PR 009274518

Title: VC  
Name: ROSARIO, ANTONIO  
Address: 399 GALILEO ST. JARDINES METROPOLITANOS  
City-St-Zip: SAN JUAN, PR 009274518

Title: S  
Name: SIGAS, ENRIQUE ESQ  
Address: 399 GALILEO ST. JARDINES METROPOLITANOS  
City-St-Zip: SAN JUAN, PR 009274518

Title: D  
Name: PAVIA, ANTONIO  
Address: 399 GALILEO ST. JARDINES METROPOLITANOS  
City-St-Zip: SAN JUAN, PR 009274518

Title: P  
Name: FERNOS, MANUEL J. ESQ  
Address: 399 GALILEO ST. JARDINES METROPOLITANOS  
City-St-Zip: SAN JUAN, PR 009274518

Title: V  
Name: ECHEVARRIA, AGUSTIN ESQ  
Address: P.O. BOX 363255  
City-St-Zip: SAN JUAN, PR 009363255

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LUIS R. ESQUILIN

VPF

03/14/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date