

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007507

FILED
Jan 11, 2012
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:

TORRES-CARABALLO, ANNETTE MRS.
13574 VILLAGE PARK DR.
SUITE 150
ORLANDO, FL 32837 US

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:

01/11/2012

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 ESQUILIN, CPA

VP

01/11/2012

Electronic Signature of Signing Officer or Director

Date