

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005434

1. Entity Name

Capitulo Epsilon Columbia Boriquen, Inc.

Principal Place of Business

Mailing Address

7270 N.W. 12th St.
Suite 761
Miami, FL 33126-1929

7270 N.W. 12th St.
Suite 761
Miami, FL 33126-1929

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

65-0624776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

del Valle, Manuel R.
7270 N.W. 12th St., Suite 761
Miami, FL 33126-1929

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

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P ☒ Delete
NAME Rodriguez, Andres
STREET ADDRESS 13814 S.W. 139th Ct.
CITY - ST - ZIP Miami, FL 33186

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

TITLE D/T ☐ Delete
NAME del Valle, Manuel R.
STREET ADDRESS 14435 S.W. 84th Ct.
CITY - ST - ZIP Miami, FL 33158

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

TITLE D/S ☐ Delete
NAME DuQuesne, Pedro J.
STREET ADDRESS 11944 S.W. 100th Terr.
CITY - ST - ZIP Miami, FL 33186

TITLE D/VP ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D/P ☐ Change ☒ Addition
NAME Costas, Manuel E.
STREET ADDRESS 10951 S.W. 161st Pl.
CITY - ST - ZIP Miami, FL 33196

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE D/S ☐ Change ☒ Addition
NAME Ramirez, Alberto E.
STREET ADDRESS 9355 Fontainebleau Blvd., Apt. C-222
CITY - ST - ZIP Miami, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 reports 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:

Manuel E. Costas Manuel E. Costas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/01

305-477-6116

Date

Daytime Phone #

FILED
01 APR 23 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA