

**NOT-FOR-PROFIT CORPORATION**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90160 025 \*\*\*\*61.25

**DOCUMENT #** N95000005434

**1. Entity Name**

Capitulo Epsilon Columbia Boriquen, Inc.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
7270 N.W. 12th St.		7270 N.W. 12th St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 761		Suite 761	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33126-1929		33126-1929	

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b>		<b>Applied For</b>	
65-0624776		Not Applicable	
<b>5. Certificate of Status Desired</b>		<b>\$8.75 Additional Fee Required</b>	
<input type="checkbox"/>			

<b>DO NOT WRITE IN THIS SPACE</b>		<b>7. Name and Address of Current Registered Agent</b>	
		Name	
		del Valle, Manuel R.	
		Street Address (P.O. Box Number is Not Acceptable)	
		7270 N.W. 12th St.	
		Suite 761	
		City	Zip Code
		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**

<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	D/P	<b>TITLE</b>	
<b>NAME</b>	Duquesne, Pedro J.	<b>NAME</b>	
<b>STREET ADDRESS</b>	11944 S.W. 100th Terr.	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	Miami, FL 33186	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	D/VP	<b>TITLE</b>	
<b>NAME</b>	Muniz, Ramon O.	<b>NAME</b>	
<b>STREET ADDRESS</b>	4764 N.W. 114th Ave., Apt. 104	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	Miami, FL 33178	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	D/T	<b>TITLE</b>	
<b>NAME</b>	del Valle, Manuel R.	<b>NAME</b>	
<b>STREET ADDRESS</b>	14435 S.W. 84th Ct.	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	Miami, FL 33158	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	D/S	<b>TITLE</b>	
<b>NAME</b>	Rosario, Edwin R.	<b>NAME</b>	
<b>STREET ADDRESS</b>	13726 S.W. 26th St.	<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	Miramar, FL 33027	<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Manuel R. del Valle*

Manuel R. del Valle

4-15-02

305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #