

2003

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91292 039 \*\*\*\*61.25

DOCUMENT # N95000005434				11023673	
1. Entity Name  Capitulo Epsilon Columbia Boriquen, Inc.					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business 7270 N.W. 12th St. <small>Suite, Apt. #, etc.</small> Suite 761 <small>City &amp; State</small> Miami, FL <small>Zip</small> 33126-1929		3. Mailing Address 7270 N.W. 12th St. <small>Suite, Apt. #, etc.</small> Suite 761 <small>City &amp; State</small> Miami, FL <small>Zip</small> 33126-1929		11023673	
<small>Country</small> USA		<small>Country</small> USA			
4. FEI Number 65-0624776		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				11023673	
<b>DO NOT WRITE IN THIS SPACE</b>					
7. Name and Address of Current Registered Agent <small>Name</small> del Valle, Manuel R. <small>Street Address (P.O. Box Number is Not Acceptable)</small> 7270 N.W. 12th St. <small>Suite</small> Suite 761 <small>City</small> Miami <span style="float: right;"><small>FL</small> <small>Zip Code</small> 33126-1929</span>					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____					
<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make Check Payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP Ward, Frederick 8290 Lake Dr. East Miami, FL 33166	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/P Vega, David 6301 Simmons St. Miami Lakes, FL 33014	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S Duquesne, Pedro 11944 SW 100 TERR Miami, FL 33106	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T Pons, Rafael 2678 Palmer Pl. Weston, FL 33332	TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 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:		Rafael Pons		4-22-03 305-477-6116	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	