

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100003267

Entity Name: PUC / AUP ALUMNI ASSOCIATION, USA, INC.

Current Principal Place of Business:

915 TANGLEWOOD LANE
VINELAND, NJ 08360

Current Mailing Address:

915 TANGLEWOOD LANE
VINELAND, NJ 08360 US

FEI Number: 59-3722185

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GENSOLIN, NORMAN
2701 NORTH AVON BLVD.
AVON PARK, FL 33825 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: NORMAN GENSOLIN

04/26/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name VILLANUEVA, JEDD
Address 1751 MILL PLAIN RD
City-State-Zip: FAIRFIELD CT 06430

Title TREASURER
Name BANAS, LARRY A
Address 915 TANGLEWOOD LANE
City-State-Zip: VINELAND NJ 08360

Title BOARD MEMBER
Name FELIPE, JERRY T
Address 33 LOGAN STREET
City-State-Zip: BRIDGETON NJ 08302

Title PRESIDENT
Name QUINES, SALCOR PHD
Address 506 GILFORD ROAD
City-State-Zip: CARO MI 48723

Title BOARD MEMBER
Name CASTRO, ISRAEL
Address 13107 BROOKTREE LANE
City-State-Zip: LAUREL MD 20707

Title CORRESPONDING SECRETARY
Name GENSOLIN, NORMAN
Address 2701 NORTH AVON BLVD.
City-State-Zip: AVON PARK FL 33825

Title SECRETARY
Name LAMADRID, HELEN V
Address 103 CLIFF TERRACE
City-State-Zip: HOP SPRINGS AR 71913

Title BOARD MEMBER
Name QUIBA, RONALD C
Address 58 CRESTWOOD ST
City-State-Zip: PISCATAWAY NJ 08854

Continues on page 2

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: LARRY BANAS

TREASURER

04/26/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title P.R.O.
Name HELMS, CYNTHIA
Address 417 SOUTH MAIN
City-State-Zip: BERREN SPRINGS MI 49103