

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F06000007507

**FILED**  
**Mar 18, 2014**  
**Secretary of State**  
**CC1922382086**

**Entity Name:** UNIVERSIDAD INTERAMERICANA DE PUERTO RICO, INC.

**Current Principal Place of Business:**

JARDINES METROPOLITANOS  
399 GALILEO STREET  
SAN JUAN, PUERTO RICO 00927-4518

**Current Mailing Address:**

P.O. BOX 363255  
SAN JUAN, PUERTO RICO 00936-3255 PR

**FEI Number: 66-0177776**

**Certificate of Status Desired: Yes**

**Name and Address of Current 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN, BOARD OF TRUSTEES  
Name HERNANDEZ, DENNIS W  
Address JARDINES METROPOLITANOS  
399 GALILEO STREET  
City-State-Zip: SAN JUAN 00927-4518

Title VC, BOARD OF TRUSTEES  
Name ROSARIO, ANTONIO  
Address JARDINES METROPOLITANOS  
399 GALILEO STREET  
City-State-Zip: SAN JUAN PUERTO RICO 00927-4518

Title S, BOARD OF TRUSTEES  
Name SIGAS, ENRIQUE ESQ.  
Address JARDINES METROPOLITANOS  
399 GALILEO STREET  
City-State-Zip: SAN JUAN PUERTO RICO 00927-4518

Title TREASURER, BOARD OF TRUSTEES  
Name PAVIA, ANTONIO  
Address JARDINES METROPOLITANOS  
399 GALILEO STREET  
City-State-Zip: SAN JUAN PUERTO RICO 00927-4518

Title PRESIDENT  
Name FERNOS, MANUEL J ESQ.  
Address JARDINES METROPOLITANOS  
399 GALILEO STREET  
City-State-Zip: SAN JUAN PUERTO RICO 00927-4518

Title VP, ACADEMICS  
Name ECHEVARRIA, AGUSTIN ESQ.  
Address JARDINES METROPOLITANOS  
399 GALILEO STREET  
City-State-Zip: SAN JUAN PUERTO RICO 00927-4518

Title VP, FINANCE  
Name ESQUILIN, LUIS R CPA  
Address JARDINES METROPOLITANOS  
399 GALILEO STREET  
City-State-Zip: SAN JUAN PUERTO RICO 00927-4518

*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 R. ESQUILIN**

**VP FINANCE**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date