## 2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007507

Entity Name: UNIVERSIDAD INTERAMERICANA DE PUERTO RICO, INC.

FILED Feb 03, 2021 Secretary of State 1536043726CC

## **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 Title BOARD OF TRUSTEES. VP

Name MUNOZ, JOSE Name MAS, DOMINGO

Address JARDINES METROPOLITANOS Address JARDINES METROPOLITANOS

399 GALILEO STREET 399 GALILEO STREET

City-State-Zip: SAN JUAN 00927-4518 City-State-Zip: SAN JUAN 00927-4518

Title BOARD OF TRUSTEES, SECRETARY Title TREASURER, BOARD OF TRUSTEES

Name AYALA, RAMON Name PAVIA, ANTONIO

Address JARDINES METROPOLITANOS Address JARDINES METROPOLITANOS

399 GALILEO STREET 399 GALILEO STREET

City-State-Zip: SAN JUAN 00927-4518 City-State-Zip: SAN JUAN 00927-4518

Title PRESIDENT Title VP, ACADEMICS

Name FERNOS, MANUEL J ESQ. Name ALVAREZ, JACKELINE PHD

Address JARDINES METROPOLITANOS Address JARDINES METROPOLITANOS

399 GALILEO STREET 399 GALILEO STREET

City-State-Zip: SAN JUAN PUERTO RICO 00927- City-State-Zip: SAN JUAN 00927-4518

Title VP, FINANCE Name LUNA, OLGA

4518

Address JARDINES METROPOLITANOS

399 GALILEO STREET

City-State-Zip: SAN JUAN 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: OLGA LUNA VP OF FINANCE 02/03/2021