

2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 23, 2018
Secretary of State
CC8386654696

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	Title	BOARD OF TRUSTEES, SECRETARY
Name	HERNANDEZ, DENNIS W	Name	PIAZZA, FELIPE
Address	JARDINES METROPOLITANOS 399 GALILEO STREET	Address	JARDINES METROPOLITANOS 399 GALILEO STREET
City-State-Zip:	SAN JUAN 00927-4518	City-State-Zip:	SAN JUAN 00927-4518
Title	S, BOARD OF TRUSTEES	Title	TREASURER, BOARD OF TRUSTEES
Name	MOLINARY, AIDA N	Name	FUENTES, JORGE L
Address	JARDINES METROPOLITANOS 399 GALILEO STREET	Address	JARDINES METROPOLITANOS 399 GALILEO STREET
City-State-Zip:	SAN JUAN 00927-4518	City-State-Zip:	SAN JUAN 00927-4518
Title	PRESIDENT	Title	VP, ACADEMICS ACTING
Name	FERNOS, MANUEL J ESQ.	Name	CABRERA, RAFAEL PHD
Address	JARDINES METROPOLITANOS 399 GALILEO STREET	Address	JARDINES METROPOLITANOS 399 GALILEO STREET
City-State-Zip:	SAN JUAN PUERTO RICO 00927-4518	City-State-Zip:	SAN JUAN 00927-4518
Title	VP, FINANCE		
Name	LUNA, OLGA		
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

01/23/2018

Electronic Signature of Signing Officer/Director Detail

Date