

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727508

1. Entity Name

ORGANIZACION DEMOCRATA PUERTORRIQUENA, INC.

Principal Place of Business

GARCIA, FRANCISCO  
4708 E 9TH LANE  
MIAMI FL 33013  
US

Mailing Address

PO BOX 650401  
MIAMI FL 33265-0401  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7431746

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, FRANCISCO  
4708 E 9TH LANE  
MIAMI FL 33013

7. Name and Address of New Registered Agent

Name

ALICIA S. BARO

Street Address (P.O. Box Number is Not Acceptable)

15760 SW 148 Terrace

City

Miami

FL

Zip Code

33196

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.

SIGNATURE ALICIA S. BARO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☒ Delete  
NAME D  
STREET ADDRESS PEREZ, PEDRO  
CITY-ST-ZIP 851 SW 5TH PLACE  
HIALEAH FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS BARO, ALICIA  
CITY-ST-ZIP 15760 SW 148TH TERR  
MIAMI FL 33196

TITLE ☒ Delete  
NAME SVP  
STREET ADDRESS POSADA, EDWARD  
CITY-ST-ZIP 1610 SE 102ND AVE  
MIAMI FL 33165

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MILAGROS VALLEJO  
CITY-ST-ZIP 10367 N KENDALL DR UNIT E2  
HIALEAH FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MALDONADO, JACOB  
CITY-ST-ZIP 10705 SW 74 CT  
MIAMI FL

TITLE ☒ Delete  
NAME P  
STREET ADDRESS GARCIA, FRANCISCO  
CITY-ST-ZIP 4708 E 9TH LANE  
HIALEAH FL 33013

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME P  
STREET ADDRESS Ivette A. Morgan  
CITY-ST-ZIP 8569 SW 115 Place  
Miami, Fla 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME SVP  
STREET ADDRESS Al Bermejo  
CITY-ST-ZIP 605 E. 8th Lane  
Hialeah, FL 33010

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Donna Santiago  
CITY-ST-ZIP 151 E. 17 Street  
Hialeah, FL 33010

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF ALICIA S. BARO 2/8/00 305-253-8483  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90101 001 \*\*\*\*61.25

02-16-2000 90101 002 \*\*\*\*8.75



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)