

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90381 042 ****61.25

DOCUMENT # 727508

1. Entity Name
ORGANIZACION DEMOCRATA PUERTORRIQUENA, INC.



Principal Place of Business

P.O. BOX 832036
MIAMI, FL 33283 US

Mailing Address

P.O. BOX 832036
MIAMI, FL 33283 US

11038759



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7431746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARO, ALICIA S
15760 SW 148 TERRACE
MIAMI, FL 33196

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME MALDONADO, JACOB
STREET ADDRESS 525 NW 27 AVENUE
CITY-STATE-ZIP MIAMI, FL 33125

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

TITLE SVP ☐ Delete
NAME BERMEJO, AL
STREET ADDRESS 605 E 8TH LANE
CITY-STATE-ZIP HIALEAH, FL 33010

TITLE TD ☐ Delete
NAME VENEGAS, NORAH
STREET ADDRESS 1400 SALZEDO ST #401
CITY-STATE-ZIP CORAL GABLES, FL 33134

TITLE D ☐ Delete
NAME SANTIAGO, DONNA
STREET ADDRESS 151 E 17 STREET
CITY-STATE-ZIP HIALEAH, FL 33010

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

4/30/03 305-299-4898