

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740742

1. Entity Name

ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC.

Principal Place of Business

7651 VALENCIA COLLEGE LANE
ORLANDO FL

Mailing Address

P.O. BOX 720095
ORLANDO FL 32872-0065

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

59-1879638

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, LUIS F
1500 S SEMORAN BLVD
ORLANDO FL 32807

7. Name and Address of New Registered Agent

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

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GONZALEZ, DARIO
STREET ADDRESS 414 FAIRLANE DR.
CITY-ST-ZIP DEBARY FL 32713 ☐ Delete

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

TITLE VPD
NAME RODRIGUEZ, FELICITA
STREET ADDRESS 6320 LIVEWOOD OAKS DR.
CITY-ST-ZIP ORLANDO FL 32818 ☐ Delete

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

TITLE T
NAME MARTINEZ, AMILCAR T
STREET ADDRESS 8602 SAVORY DR.
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

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

TITLE S
NAME FIGUERDA, HELEN
STREET ADDRESS 1002 LONG BRANCH LN.
CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

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

TITLE D
NAME GOMEZ, HAYDEE R
STREET ADDRESS 9233 PALOS VERDE DR
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

AMILCAR T. MARTINEZ 7/24/02 407-273-8953

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90197 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (4/02)