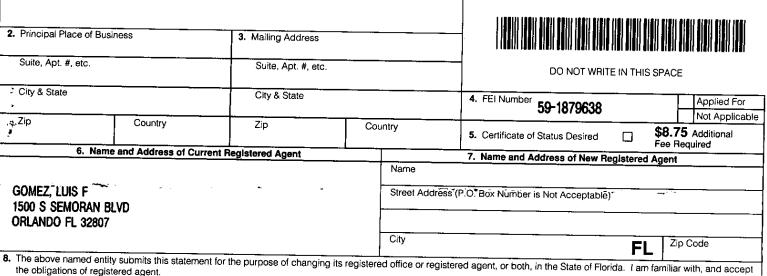
2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 740742** 1. Entity Name ASOCIACION BORINQUENA DE FLORIDA CENTRAL INC. Principal Place of Business Mailing Address 7651 VALENCIA COLLEGE LANE P.O. BOX 720095 ORLANDO FL ORLANDO FL 32872-0065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country

6. Name and Address of Current Registered Agent

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

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

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



DATE

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	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 NAME STREET ADDRESS CITY-ST-ZIP	DEBARY FL 32713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ch		tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, FELICITA 6320 LIVEWOOD OAKS DR. ORLANDO FL 32818	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			Cha	nge 🗋 Addit	tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·- +	□ Cha	nge Addit	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGUERDA, HELEN 1002 LONG BRANCH LN. OVIEDO FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	nge 🗌 Additi	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, HAYDEE R 9233 PALOS VERDE DR ORLANDO FL 32825	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Chai	ige 🗌 Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Char	ge 🔲 Additio	on

Name

City

(NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE:

GOMEZ, LUIS F

SIGNATURE

1500 S SEMORAN BLVD ORLANDO FL 32807

the obligations of registered agent.

407-273-8953