

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90542 039 ****61.25

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.

1500 S. Semoran Blvd

Suite, Apt. #, etc.

City & State
Orlando FL

City & State

Zip
32807

Country
USA

Zip

Country

4. FEI Number **59-1879638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOMEZ, LUIS F
1500 S SEMORAN BLVD
ORLANDO FL 32807**

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: FEES \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **PD** ☒ Change ☐ Addition
NAME **MARGARITA RAMOS**
STREET ADDRESS **7776 RAVANA DR.**
CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE **VPD** ☒ Change ☐ Addition
NAME **CARLOS UBIÑAS**
STREET ADDRESS **5632 MIMARET COURT**
CITY-ST-ZIP **ORLANDO FL 32821**

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/24/03 407865-6867

CR2E037 (10/02)