

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90043 010 \*\*\*\*61.25

**DOCUMENT # 844977**

1. Entity Name

**UNIVERSIDAD CARLOS ALBIZU (CARLOS ALBIZU UNIVERS**

Principal Place of Business

Mailing Address

TANCA STREET  
 151  
 SAN JUAN PR 00902-3711  
 US

P.O. BOX 9023711  
 SAN JUAN PR 00902-3711  
 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

**66-0234412**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBIZU DE RODRIGUEZ, TERESA  
 8180 NW 36TH ST.ST.  
 MIAMI FL 33166

Name  
**ALBIZU-RODRIGUEZ, TERESA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2173 NW 99 AVENUE**  
 City **MIAMI** FL Zip Code **33172**

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:

4/24/00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |                                 |
|--|--|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P</b><br>VAZQUEZ, ANTONIO E<br>CALLE POPPY B-50, PARQUE FORESTAL<br>SAN JUAN PR 00926 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T</b><br>GARCIA, JOSE M.D.<br>CALLE AUSTRAL 635, URB ALTAMIRA<br>SAN JUAN PR 00927    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>CORDERO, MANUEL PHD<br>P.O. BOX 968<br>COTO LAUREL PR 00780                  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>PREVOR, RUTH PHD<br>TOSSA DEL MAR 1461<br>CONDADO PR 00907                   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D</b><br>CRESPO, PATRIA C DR<br>CALLE VIOLETAS 2010<br>SAN JUAN PR 00915              | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete |

|  |  |
|--|--|
| TITLE D/P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>VAZQUEZ, ANTONIO E<br>CALLE POPPY B-50, PARQUE FORESTAL<br>SAN JUAN, PR 00926              |
| TITLE D/V<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>CANCIO-VILELLA, HIRAM R.<br>CALLE O"NEIL 121, ALTOS<br>HATO REY, PR 00919                  |
| TITLE D/S<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>MOLINA-RAMIREZ, ARTURO<br>CALLE VIOLETA 1676, SAN FRANCISCO<br>SAN JUAN, PR 00927          |
| TITLE P<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>SANTIAGO-NEGRON, SALVADOR<br>CALLE TANCA 151, ESQ. SAN FRANCISCO<br>OLD SAN JUAN, PR 00902 |
| TITLE D<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>ALVAREZ-DE CHOUDENS, JOSE A.<br>CASTANA #3, URB. SAN PATRICIO<br>SAN JUAN, PR 00922        |
| TITLE V<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>ALBIZU-RODRIGUEZ, TERESA<br>2173 NW 99 AVENUE<br>MIAMI, FL 33172                           |

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:

4/24/00 205 593-1223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)