2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90377 019 ****61.25

DOCUMENT # 844977

1. Entity Name

UNIVERSIDAD CARLOS ALBIZU (CARLOS ALBIZU UNIVERSITY), INC.

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

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ALBIZU DE RODRIGUEZ , TERESA 2173 NW 99 AVENUE MIAMI FL 33172	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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VAZQUEZ, ANTONIO E CALLE POPPY B-50, PARQUE FORESTAL SAN JUAN PR 00926	☐ Delete	S Molina, Arturo Eng. Calle Violeta 1676 Urb. San Francisco SJ, P	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GARCIA, JOSE M.D. CALLE AUSTRAL 635, URB ALTAMIRA SAN JUAN PR 00927	☐ Delete	D Ferré, Maurice Hon. 601 Brickle Key Drive Suite 201 Miami, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLON CARLA, LCDA. ILEANA MCCONNELL VALDES,P.O. BOX 364225 SAN JUAN PR 00936-4225	☐ Delete	D González Monclova, José Dr. Calle 23 #1325 Urb. Montecarlo San Juan, P.R. 00924-5249	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PREVOR, RUTH PHD TOSSA DEL MAR 1461 CONDADO PR 00907	☒ Delete	VP Prevor, Ruth Dr. Tossa del Mar 1461 Condado PR 00907	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EM CRESPO, PATRIAC EDD CALLE VIOLETAS 2010 SAN JUAN PR 00915	☐ Delete	D Salvador Santiago-Negrón P. O. Box 9023711 San Juan, P.R. 00902-3711	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANCIO, LCDO. HIRAM RAMON GANDIA 566 URB. LS. INGENIEROS SAN JUAN PR	☒ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: _____ 2/5/02 787-740-2824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #