


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

**FILED**  
**Jun 05, 2003 8:00 am**  
**Secretary of State**

06-05-2003 90125 044 \*\*\*\*61.25

1012002

<b>DOCUMENT # 844977</b>			
1. Entity Name <b>UNIVERSIDAD CARLOS ALBIZU (CARLOS ALBIZU UNIVERS ITY), INC.</b>			
Principal Place of Business <b>TANCA STREET 151 SAN JUAN PR 00902-3711 US</b>		Mailing Address <b>P.O. BOX 9023711 SAN JUAN PR 00902-3711 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>66-0234412</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

6. Name and Address of Current Registered Agent <b>ALBIZU DE RODRIGUEZ, TERESA 2173 NW 99 AVENUE MIAMI FL 33172</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
---------------------------------	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE * NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>VAZQUEZ, ANTONIO E</b> <b>CALLE POPPY B-50, PARQUE FORESTAL</b> <b>SAN JUAN PR 00926</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>ARTURO MOLINA</b> <b>1676 VIOLETA ST.</b> <b>SAN JUAN, P.R. 00927</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GARCIA, JOSE M.D.</b> <b>CALLE AUSTRAL 635, URB ALTAMIRA</b> <b>SAN JUAN PR 00927</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GARCIA JOSE M, MD.</b> <b>AUSTRAL 635 URB. ALTAMIRA</b> <b>SAN JUAN, P.R. 00927</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COLON CARLA, LCDA. ILEANA</b> <b>MCCONNELL VALDES, P.O. BOX 364225</b> <b>SAN JUAN PR 00936-4225</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Colon Carla, LCDA. Ileana</b> <b>mcconnell valdes, po box 364225</b> <b>San Juan PR 00936-4225</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PREVOR, RUTH PHD</b> <b>TOSSA DEL MAR 1461</b> <b>CONDADO PR 00907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EM</b> <b>CRESPO, PATRIAC EDD</b> <b>CALLE VIOLETAS 2010</b> <b>SAN JUAN PR 00915</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALEZ MONCLOVA, JOSE DR</b> <b>RAMON GANDIA 566 URB. LS. INGENIEROS</b> <b>SAN JUAN PR 00924-5249</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GONZALEZ-MONCLOVA, JOSE DR</b> <b>1325 23rd. St. MONTECARLO</b> <b>SAN JUAN, P.R. 00924-5249</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: 

CR2E037 (10/02)