

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F96000003095**

1. Entity Name

PONCE REALTY CORPORATION

Principal Place of Business

Mailing Address

53 PALMERAS ST
EL CARIBE BLDG. STE 1601
SAN JUAN PR 00901-2419
USPO BOX 71450
SAN JUAN PR 00936-8550

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

7. Name and Address of New Registered Agent

GUERRA, JOSEPH M
150 ALHAMBRA CIRCLE, #901
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

9795 South Dixie Highway

City Pinecrest

FL

Zip Code 33156

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDC ☐ Delete
NAME FONALLEDAS-RUBERT, JAIME ESQ
STREET ADDRESS EL CARIBE BLDG., 16TH FL - PALMERAS & JERN
CITY-ST-ZIP SAN JUAN PR 00901TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VSTD ☐ Delete
NAME ASON, ELIAS R PHD
STREET ADDRESS EL CARIBE BLDG., 16TH FL - PALMERAS & JERN
CITY-ST-ZIP SAN JUAN PR 00901TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME UBARRI-BENITEZ, RAUL
STREET ADDRESS EL CARIBE BLDG., 16TH FL - PALMERAS & JERN
CITY-ST-ZIP SAN JUAN PR 00901TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Signature: ELIAS R ASON, PhD, Vice President 1-14-2000

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90120 014 ***150.00



DO NOT WRITE IN THIS SPACE