

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90067 007 ***150.00

03/09/04 AR

DOCUMENT # F96000003095

1. Entity Name

PONCE REALTY CORPORATION

Principal Place of Business

**53 PALMERAS ST
EL CARIBE BLDG. STE 1601
SAN JUAN PR 00901-2419
US**

Mailing Address

**PO BOX 71450
SAN JUAN PR 00936-1450**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

53 PALMERAS ST. EL CARIBE BLDG

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE PH

City & State
SAN JUAN PR

City & State

Zip
00901-2419

Country
US

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUERRA, JOSEPH M
9795 SOUTH DIXIE HWY
PINECREST FL 33156**

7. Name and Address of New Registered Agent

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDC
FONALLEDAS-RUBERT, JAIME ESQ
EL CARIBE BLDG., 16TH FL - PALMERAS & JERN
SAN JUAN PR 00901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSTD
ASON, ELIAS R PHD
EL CARIBE BLDG., 16TH FL - PALMERAS & JERN
SAN JUAN PR 00901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
UBARRI-BENITEZ, RAUL
EL CARIBE BLDG., 16TH FL - PALMERAS & JERN
SAN JUAN PR 00901** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**CHARDON TOWER SUITE 900 350 CHARDON AVE.
HATO REY PR 00918**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**EL CARIBE BLDG., PH 53 PALMERAS ST.
SAN JUAN PR 00901**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**CHARDON TOWER SUITE 900 350 CHARDON AVE.
HATO REY PR 00918**

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

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

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

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 Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02

CR2004 (9/01)