

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90518 045 \*\*\*158.75

**DOCUMENT # F96000003095**

**1. Entity Name**  
**PONCE REALTY CORPORATION**



**Principal Place of Business**  
**53 PALMERAS ST**  
**EL CARIBE BLDG. STE PH**  
**SAN JUAN PR 00901-2419**  
**US**

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

**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**

**NOT APPLICABLE**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☒

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

*11-7-03*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** PDC ☐ Delete  
**NAME** FONALLEDAS-RUBERT, JAIME ESQ  
**STREET ADDRESS** CHARDON TOWER SUITE 900 350 CHARDON AVE  
**CITY-ST-ZIP** HATO REY PR 00918

**TITLE** VSTD ☐ Delete  
**NAME** ASON, ELIAS R PHD  
**STREET ADDRESS** EL CARIBE BLDG., PH 53 PALMERAS ST  
**CITY-ST-ZIP** SAN JUAN PR 00901

**TITLE** D ☐ Delete  
**NAME** UBARRI-BENITEZ, RAUL  
**STREET ADDRESS** CHARDON TOWER SUITE 900 350 CHARDON AVE  
**CITY-ST-ZIP** HATO REY PR 00918

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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

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

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

**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 607, 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/21/03*

CR2E034 (10/02)

*Attachment* 90011456  
~~#F96 00000 3095~~

**PONCE REALTY CORPORATION**

PO Box 71450 San Juan, PR 00936-8550 ☎ El Caribe Building, 53 Palmeras Street, Penthouse, San Juan, PR 00901-2419  
Telephone (787) 725-4854 ☎ Fax (787) 722-2357 ☎ E-mail: pgeneral@caribe.net

January 21, 2003

**CERTIFICATE WITH RETURN RECEIPT**

7000 0520.0025 5973 7725

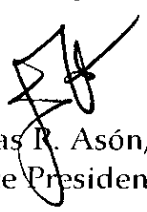
Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

**RE: PONCE RELATY CORPORATION/DOCUMENT #F96000003095**

Dear Sirs:

Enclosed is 2003 Corporation Annual Report duly signed and check number 534 in the amount of \$158.75 for Annual Report Filing Fee and Certificate of Status Fee.

Cordially,

  
Elías R. Asón, PhD  
Vice President

ahm

enclosures