

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000004469****1. Entity Name**
PUERTO RICO FESTIVAL COMMITTEE, INC.

| | |
|---|---|
| Principal Place of Business P.O. BOX 832036 MIAMI FL 33283 | Mailing Address P.O. BOX 832036 MIAMI FL 33283 |
|---|---|

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|---|---|
| 2. Principal Place of Business 605 E 8TH LN | 3. Mailing Address 605 E 8TH LN |
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| | |
|----------------------------|----------------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|----------------------------|----------------------------|

| | |
|---------------------------------------|---------------------------------------|
| City & State HIALEAH FL | City & State HIALEAH FL |
|---------------------------------------|---------------------------------------|

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|---------------------|----------------------|---------------------|----------------------|
| Zip 33010 | Country US | Zip 33010 | Country US |
|---------------------|----------------------|---------------------|----------------------|

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| 4. FEI Number 65-1025830 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 6. Name and Address of Current Registered Agent MORGAN IVETTE 8569 SW 115 PLACE MIAMI FL 33173 US | 7. Name and Address of New Registered Agent Name VENEGAS NORAH Street Address (P.O. Box Number is Not Acceptable) 1400 SALZEDO ST 401 City CORAL GABLES FL Zip Code 33134 |
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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 NORAH VENEGAS****08/27/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

| | | | |
|---|--|---------------------------------------|--|
| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$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 S | NAME SANTIAGO DONNA | <input type="checkbox"/> Delete | | TITLE D | NAME SANTIAGO DONNA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 8569 SW 115 PLACE | | | | STREET ADDRESS 151 E 17 ST | | | |
| CITY-ST-ZIP MIAMI FL 33173 | | | | CITY-ST-ZIP HIALEAH FL 33010 | | | |
| TITLE V | NAME BARO ALICIA | <input type="checkbox"/> Delete | | TITLE V/S | NAME BARO ALICIA | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 8569 SW 115 PLACE | | | | STREET ADDRESS 15760 SW 148 TERR | | | |
| CITY-ST-ZIP MIAMI FL 33173 | | | | CITY-ST-ZIP MIAMI FL 33196 | | | |
| TITLE P | NAME MORGAN IVETTE | <input type="checkbox"/> Delete | | TITLE P/T | NAME BERMEJO AL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 8569 SW 115 PLACE | | | | STREET ADDRESS 605 E 8 LN | | | |
| CITY-ST-ZIP MIAMI FL 33173 | | | | CITY-ST-ZIP HIALEAH FL 33010 | | | |
| TITLE D | NAME RUIZ GLORIA S | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 8569 SW 115 PLACE | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP MIAMI FL 33173 | | | | CITY-ST-ZIP | | | |
| TITLE D | NAME SANTIAGO EFRAIN | <input type="checkbox"/> Delete | | TITLE D | NAME SANTIAGO EFRAIN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 8569 SW 115 PLACE | | | | STREET ADDRESS 151 E 17 ST | | | |
| CITY-ST-ZIP MIAMI FL 33173 | | | | CITY-ST-ZIP HIALEAH FL 33010 | | | |
| TITLE D | NAME MALDONADO JACOB | <input type="checkbox"/> Delete | | TITLE D | NAME MALDONADO JACOB | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 8569 SW 115 PLACE | | | | STREET ADDRESS 525 NW 27 AVE | | | |
| CITY-ST-ZIP MIAMI FL 33173 | | | | CITY-ST-ZIP MIAMI FL 33125 | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: AL BERMEJO** P/T **08/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)