

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000005892

1. Entity Name

CIRCULO CULTURAL BORICUA, INC.

Principal Place of Business

930 N. 74TH WAY
HOLLYWOOD FL 33024

Mailing Address

930 N. 74TH WAY
HOLLYWOOD FL 33024

2. Principal Place of Business

930 N 74th way

3. Mailing Address

P.O. Box 848474

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Pembroke Pines FL

Zip

33024

Country

USA

Zip

33084

Country

USA

4. FEI Number

65-1048897

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, RICARDO
930 N. 74TH WAY
HOLLYWOOD FL 33024

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	President	<input type="checkbox"/> Delete
NAME		RICARDO HERNANDEZ	
STREET ADDRESS		930 N 74th way	
CITY-ST-ZIP		Hollywood FL 33024	
TITLE	D	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME		MIRIAM LORENZO	
STREET ADDRESS		17624 NW 63rd Ct	
CITY-ST-ZIP		Miami FL 33015	
TITLE	SD	SECRETARY	<input type="checkbox"/> Delete
NAME		JOSE RAMON GOMEZ	
STREET ADDRESS		3000 SW 36 Ave	
CITY-ST-ZIP		Hollywood FL 33023	
TITLE	MD	MEMBER OF THE BOARD	<input type="checkbox"/> Delete
NAME		EDUARDO BRAY	
STREET ADDRESS		903 PIZARRO ST	
CITY-ST-ZIP		Coral Gables FL 33134	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01 (94) 967-0063

Date

Daytime Phone #

CR2E037 (10/00)