

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2001 8:00 am**  
**Secretary of State**

04-03-2001 90046 017 \*\*\*\*61.25

**DOCUMENT # N00000005892**

1. Entity Name

**CIRCULO CULTURAL BORICUA, INC.**

Principal Place of Business

Mailing Address

930 N. 74TH WAY  
 HOLLYWOOD FL 33024

930 N. 74TH WAY  
 HOLLYWOOD FL 33024

2. Principal Place of Business

3. Mailing Address

930 N 74th way  
 Suite, Apt. #, etc.

P.O. Box 848474  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hollywood FL

City & State

Pembroke Pines FL

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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:**  
**FEES 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	President	RICARDO HERNANDEZ	930 N 74th way Hollywood FL 33024	<input type="checkbox"/>
D	VICE PRESIDENT	MIRIAM LORENZO	17694 NW 63rd Ct Miami FL 33015	<input type="checkbox"/>
<del>D</del>	<del>SECRETARY</del>	<del>JOSE RAMON GOMEZ</del>	<del>3000 SW 36 Ave Hollywood FL 33023</del>	<del><input type="checkbox"/></del>
MD	MEMBER OF THE BOARD	EDUARDO BRAY	903 PIZARRO ST CORAL GABLES FL 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/00)

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 and other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01 (94) 967-0063  
 Date Daytime Phone #