

2004

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90055 033 ****61.25

DOCUMENT # N02000001590
1. Entity Name
Concilio Interfraternitario Puertorriqueno de la Florida, Inc.

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94032718

2. Principal Place of Business	3. Mailing Address
7270 N.W. 12th St.	7270 N.W. 12th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 761	Suite 761
City & State	City & State
Miami, FL	Miami, FL
Zip	Zip
33126-1929	33126-1929
Country	Country
USA	USA

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
01-0626439	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE**7. Name and Address of Current Registered Agent**

Name
del Valle, Manuel R.
Street Address (P.O. Box Number is Not Acceptable)
7270 N.W. 12th St
Suite 761
City
Miami FL Zip Code
33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D/P	TITLE	
NAME	Vargas, Reinaldo	NAME	
STREET ADDRESS	11252 S.W. 152nd Pl.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33196	CITY - ST - ZIP	
TITLE	D/VP	TITLE	
NAME	Rodriguez, Andy	NAME	
STREET ADDRESS	13814 S.W. 139th Ct.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33186	CITY - ST - ZIP	
TITLE	D/S	TITLE	
NAME	Rodriguez-Butler, Julio	NAME	
STREET ADDRESS	8900 S.W. 150th Ct. Cir. W.	STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33196	CITY - ST - ZIP	
TITLE	D/T	TITLE	
NAME	del Valle, Manuel R.	NAME	
STREET ADDRESS	14435 S.W. 84th Ct.	STREET ADDRESS	
CITY - ST - ZIP	Palmetto Bay, FL 33158	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Reinaldo Vargas 3-16-04 305-477-6116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #