2009

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 JUN -3 PM 3:13

DOCUMENT # N02000001590

1. Entity Name

Concilio Interfraternitario Puertorriqueno de la Florida, Inc.

DO NOT WRITE IN THIS SPACE

400156725004
06/03/09--01022--001 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7300 N.W. 19th St.	7300 N.W. 19th St.
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Miami, FL	City & State Miami, FL
Zip 33126-1222 Country USA	Zip 33126-1222 Country USA

4. FEI Number 01-0626439 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: del Valle, Manuel R.

Street Address (P.O. Box Number is Not Acceptable): 7300 N.W. 19th St.

Suite 101

City: Miami FL Zip Code: 33126-1222

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	NAME	STREET ADDRESS	CITY - ST - ZIP
D/P	Nin, Miguel A.	1003 S.W. 142nd Ave.	Miami, FL 33196
D/VP	Rojas, Ruben	8650 S.W. 149th Ave., Apt. 305	Miami, FL 33193
D/S	Rodriguez-Butler, Julio	8900 S.W. 150th Ct. Cir. W.	Miami, FL 33196
D/T	Pascual, Michel	6712 S.W. 148th Ave.	Miami, FL 33193

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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: Miguel A. Nin 4/09/09 305-477-6116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

STF FL32380F 1

KS