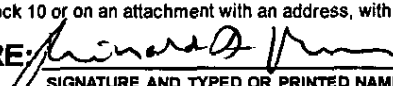


2003

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90969 028 *****61.25

DOCUMENT # N02000001590					
1. Entity Name					
Concilio Interfraternitario Puertorriqueño de la Florida, Inc.					
DO NOT WRITE IN THIS SPACE					
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		Country	Zip		Country
33126-1929		USA	33126-1929		USA
DO NOT WRITE IN THIS SPACE			4. FEI Number		
			01-0626439		
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
			7. Name and Address of Current Registered Agent		
			Name <u>del Valle, Manuel R.</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>7270 N.W. 12th St</u>		
			<u>Suite 761</u>		
			City <u>Miami</u> FL Zip Code <u>33126</u>		
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. <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE	
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		
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		4-1-03 305-477-6116	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					