

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-19-2004 90724 036 ****61.25

DOCUMENT # N02000007272

1. Entity Name

PUERTO RICAN CAUCUS OF FLORIDA, INC.



Principal Place of Business

306 E BULLARD PKWY
TAMPA FL 33617

Mailing Address

306 E BULLARD PKWY
TAMPA FL 33617

2. Principal Place of Business

17905 CACHET ISLE

Suite, Apt. #, etc.

3. Mailing Address

17905 CACHET ISLE

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

33647

Country

HILLBOROUGH

Zip

33617

Country

HILLBOROUGH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JOSE S
306 E BULLARD PKWY
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

JOSE S. RAMOS

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

17905 CACHET ISLE

City

Tampa

FL

Zip Code

33647

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

Jose S. Ramos

4/16/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	DP	<input type="checkbox"/> Delete
NAME	SUAREZ, ANTHONY	
STREET ADDRESS	517 W COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FREYTES, DENNIS	
STREET ADDRESS	3369 AMACA CIR	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CINTRON, ANGEL E	
STREET ADDRESS	306 E BULLARD PK	
CITY-ST-ZIP	TAMPA FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROSA, LUIS D	
STREET ADDRESS	306 E BELLARD PKWY	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DT	<input type="checkbox"/> Delete
NAME	RAMOS, JOSE S	
STREET ADDRESS	306 E BELLARD PKWY	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DV	<input type="checkbox"/> Delete
NAME	RIOSS, MICHAEL	
STREET ADDRESS	306 E BELLARD PKWY	
CITY-ST-ZIP	TAMPA FL 33617	

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	
CITY-ST-ZIP	
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	
CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE:

Jose S. Ramos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/04 (213) 988-7125

Daytime Phone #