

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000007272

1. Entity Name

PUERTO RICAN CAUCUS OF FLORIDA, INC.



Principal Place of Business

17905 CACHET ISLE
TAMPA FL 33647

Mailing Address

17905 CACHET ISLE
TAMPA FL 33647

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

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

RAMOS, JOSE S
17905 CACHET ISLE
TAMPA FL 33647

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	ROSS, 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	000000243678	
STREET ADDRESS	02/25/05-80052-003 61.25	
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)(f), 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #