

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 8:00 am
Secretary of State

04-26-2004 90537 026 ****61.25

DOCUMENT # N03000003400	
1. Entity Name PUERTO RICAN BAR ASSOCIATION OF FLORIDA, INC.	

Principal Place of Business 905 BRICKELL BAY DR., FOUR AMBASSADORS TOWER II MEZZANINE, STE. 228 MIAMI, FL 33131	Mailing Address 905 BRICKELL BAY DR., FOUR AMBASSADORS TOWER II MEZZANINE, STE. 228 MIAMI, FL 33131
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66423695



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222004 Chg-NP CR2E037 (10/03)

4. FEI Number 02-0707018	☐ 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	
ROBLES, RICHARD R ESQ. 905 BRICKELL BAY DR., FOUR AMBASSADORS TOWER II MEZZANINE, STE. 228 MIAMI, FL 33131		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

Filing Fee is \$81.25
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD ROBLES, RICHARD R ESQ. 905 BRICKELL BAY DR., FOUR AMBASSADORS MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD COLLAZO, YESENIA 7850 N.W. 146 STREET, SUITE 403 MIAMI LAKES, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD LOPEZ, SAMUEL D. ESQ. 629 S.E. 5TH AVE. FT. LAUDERDALE, FL 33301 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LOPEZ, JOSEPH F ESQ. 250 BIRD RD., STE. 302 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD RIVERA, HECTOR R 200 S. BISCAYNE BLVD., SUITE 3400 MIAMI, FL 331312397 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/04 (305) 755-9200
Date Daytime Phone