

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90159 012 ****61.25

DOCUMENT # N30819

1. Entity Name
PUERTO RICO NATIONAL BAR ASSOCIATION, INC.



Principal Place of Business

**911 NORTH MAIN STREET
SUITE 5
KISSIMMEE FL 34744
US**

Mailing Address

**911 NORTH MAIN STREET
SUITE 5
KISSIMMEE FL 34744
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0121033**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TORRES, ALFREDO
911 N. MAIN STREET
KISSIMMEE FL 34744**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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	PD	<input type="checkbox"/> Delete
NAME	TORRES, ALFRED	
STREET ADDRESS	911 NORTH MAIN STREET	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MARZULU, RONALD	
STREET ADDRESS	911 NORTH MAIN STREET, SUITE 5	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVILA, LOUIS	
STREET ADDRESS	911 N. MAIN ST. STE 5	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	QUINONEZ, JUAN PABLO	
STREET ADDRESS	419 BROADWAY ST.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOVOA, DAVID	
STREET ADDRESS	561 NORTHEAST 79TH STREET, SUITE 210	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOYLA, JULIO	
STREET ADDRESS	8150 SOUTHWEST 8TH STREET, SUITE 219	
CITY-ST-ZIP	MIAMI FL	

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: **SIGNATURE REQUIRED**

4-7-03

4079370307

CR2E037 (10/02)