

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N35935

1. Entity Name

PUERTO RICANS IN FLORIDA, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90066 026 ****61.25

Principal Place of Business Mailing Address
646 B COLONIAL DR 646 B COLONIAL DR
ORLANDO FL 32803 ORLANDO FL 32803-4603
US US

2. Principal Place of Business 3. Mailing Address
1695 FLORIDA MANGO RD. 1695 FLORIDA MANGO RD.
Suite, Apt. #, etc. Suite, Apt. #, etc.
3 3

City & State City & State
WEST PALM BEACH, FL. WEST PALM BEACH, FL.
Zip Country Zip Country
33406 U.S.A. 33406 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2960881
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
PESQUERA, RICARDO R Name
646 E COLONIAL DR ALBERTO MIQUEL
ORLANDO FL 32803 Street Address (P.O. Box Number is Not Acceptable)
1695 FLORIDA MANGO RD.
SUITE # 3
City WEST PALM BEACH FL Zip Code 33406

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.

SIGNATURE ALBERTO MIQUEL 01-15-00
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 \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐ Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIRADO, NANCY		NAME	DENNIS VIERA	
STREET ADDRESS	4653 SPRUCE LN		STREET ADDRESS	15011 REDCLIFF DENE	
CITY-ST-ZIP	WEST PALM BEACH FL 33418		CITY-ST-ZIP	TAMPA, FL. 33625	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWER, ROBERT		NAME		
STREET ADDRESS	1114 BYERLY WAY		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32818		CITY-ST-ZIP		
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTO MIQUEL		NAME		
STREET ADDRESS	1695 FLORIDA MANGO RD STE 3		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILL, GILDA		NAME		
STREET ADDRESS	825 HARBOR ISLAND		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34630		CITY-ST-ZIP		
TITLE	PDC	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PESQUERA, RICARDO		NAME		
STREET ADDRESS	5405 CEDAR PINE CT		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERTO MIQUEL 01-15-00 (561) 965-0998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)