

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

APPROVED
AND
FILED

02 MAR -5 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000001192

1. Entity Name
Puerto Rican Cultural Parade of Tampa, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Ave. Mailing Address
10802 W. Hillsborough Ave. 10802 W. Hillsborough Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1067

#1067

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33615

Hillsborough

33615

Hillsborough

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2905388

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
SANDRA V. ACEVEDO, Pres.

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

1620 SPRINGWHEEL DR

City

FL

Zip Code

Lutz

33559

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

3/4/02

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE *PD* President
NAME *Sandra V. Acevedo*
STREET ADDRESS *1620 SPRINGWHEEL DR*
CITY-ST-ZIP *Tampa, FL 33615*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *DS* Secretary
NAME *Wanda M. Santiago*
STREET ADDRESS *1620 SPRINGWHEEL DR*
CITY-ST-ZIP *Lutz, FL 33559*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *DP* Treasurer / Chairman
NAME *Isabel E. Rivera*
STREET ADDRESS *10802 W Hillsborough Ave #1607*
CITY-ST-ZIP *Tampa FL 33615*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *77*
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

3/4/02 *(813)* *925-8010*

CR2E037B (12/01)