

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005231

1. Entity Name

PUERTO RICO CHAMBER OF COMMERCE OF FLORIDA, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90013 005 ****70.00

Principal Place of Business

222 E. BULLARD PKWY.
TAMPA FL 33617
US

Mailing Address

222 E. BULLARD PKWY.
TAMPA FL 33617-5512
US

2. Principal Place of Business

306 E. Bullard Pkwy
Suite, Apt. #, etc.
TAMPA, FL
City & State

3. Mailing Address

P.O. Box 25011
Suite, Apt. #, etc.

City & State

TAMPA, FL

4. FEI Number

59-3228361

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RAMOS, JOSE S
222 E. BULLARD PKWY.
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name

JOSE S RAMOS

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

306 E. Bullard Pkwy.

City

TAMPA

FL

Zip Code

33617

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, 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
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IRIZARRY, ANIBAL CALLE TETUAN #100 SAN JUAN, P.R. 00902	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAMOS, JOSI S. 222 E. BULLARD PKWY. TAMPA FL 33617	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE ROSA, LUIS 1801 CORAYWAY #407 MIAMI FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President - D. CARLOS A. CULPEPER CALLE TETUAN #100 SAN JUAN, P.R. 00902	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President MANUEL TORO 686 South C.R. Hwy. #427 Longwood, FL. 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#

CR2F037 (9/99)