

2008

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

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90189 007 ****61.25

DOCUMENT # N94000000516					
1. Entity Name					
Puerto Ricans Organized Overseas in Florida, Inc.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			3. Mailing Address		
18220 S.W. 97th Ave.			7300 N.W. 19th St.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
			Suite 101		
City & State			City & State		
Palmetto Bay, FL			Miami, FL		
Zip		Country	Zip		Country
33157		USA	33126-1222		USA
DO NOT WRITE IN THIS SPACE					
4. FEI Number					
65-0463260					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
7. Name and Address of Current Registered Agent					
Name					
del Valle, Manuel R.					
Street Address (P.O. Box Number is Not Acceptable)					
7300 N.W. 19th St.					
Suite 101					
City					
Miami					
FL					
Zip Code					
33126-1222					
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					
FEE IS \$61.25 Initial or Amended UBR			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	D/P			TITLE	
NAME	Berrios, Jose			NAME	
STREET ADDRESS	1290 Sterling Ave.			STREET ADDRESS	
CITY - ST - ZIP	Miami Springs, FL 33166			CITY - ST - ZIP	
TITLE	D/VP			TITLE	
NAME	Perez, Pucho			NAME	
STREET ADDRESS	10613 Hammocks Blvd., Apt. 237			STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33196			CITY - ST - ZIP	
TITLE	D/T			TITLE	
NAME	Atkinson, Angie			NAME	
STREET ADDRESS	18220 S.W. 97th Ave.			STREET ADDRESS	
CITY - ST - ZIP	Palmetto Bay, FL 33157			CITY - ST - ZIP	
TITLE	D/S			TITLE	
NAME	Medina, Julie			NAME	
STREET ADDRESS	8825 S.W. 17th Terr.			STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33165			CITY - ST - ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
DO NOT WRITE 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: Angie Atkinson 2/26/08 305-233-2228					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					