

2009

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

<b>DOCUMENT #</b> N94000000516 1. Entity Name Puerto Ricans Organized Overseas in Florida, Inc.				FILED			
<b>DO NOT WRITE IN THIS SPACE</b>							
2. Principal Place of Business 18220 S.W. 97th Ave. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 7300 N.W. 19th St. <small>Suite, Apt. #, etc.</small> Suite 101		2009 MAR -5 P 2:29  SECRETARY OF STATE TALLAHASSEE, FLORIDA   DO NOT WRITE IN THIS SPACE			
<small>City &amp; State</small> Palmetto Bay, FL		<small>City &amp; State</small> Miami, FL				4. FEI Number 65-0463260	
<small>Zip</small> 33157		<small>Country</small> USA				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent <small>Name</small> del Valle, Manuel R. <small>Street Address (P.O. Box Number is Not Acceptable)</small> 7300 N.W. 19th St. <small>Suite</small> Suite 101 <small>City</small> Miami <span style="float: right;"><b>FL</b></span> <small>Zip Code</small> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>							
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D/P Berrios, Jose 1290 Sterling Ave. Miami Springs, FL 33166	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	000145047570 03/05/03--01024--001 **\$61.25				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D/VP Maldonado, Jesús 6101 S.W. 29th St. Miami, FL 33155	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>					
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D/T Atkinson, Angie 18220 S.W. 97th Ave. Palmetto Bay, FL 33157	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<b>DO NOT WRITE IN THIS SPACE</b>				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D/S Medina, Julie 8825 S.W. 17th Terr. Miami, FL 33165	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>					
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>					
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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.							
<b>SIGNATURE</b> <i>José A. Berrios</i> <b>José Berrios</b> 2/22/09 305-233-2228 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							