

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

04-07-2000 90072 048 ****70.00

DOCUMENT # N97000000064

1. Entity Name

PUERTO RICAN ASSOCIATION OF JACKSONVILLE, FL INC

Principal Place of Business

Mailing Address

POST OFFICE BOX 350269
 JACKSONVILLE FL 32235-0269

POST OFFICE BOX 350269
 JACKSONVILLE FL 32235-0269

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3499691-

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAMOS, IVAN
10763 KUSAIE DR S
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name **MILTON VEGA**
 Street Address (P.O. Box Number is Not Acceptable) **1185 TOLKIEN LANE**
 City **JACKSONVILLE** FL Zip Code **32225**

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 **MILTON VEGA - PRESIDENT**
Signature, typed or printed name of registered agent and 609 if applicable. (NOTE: Registered Agent signature required when minor(s))

DATE **4/3/2000**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAMOS, IVAN	
STREET ADDRESS	10763 KUSAIE DR S	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, KAREM	
STREET ADDRESS	11867 MINFORD CIR N	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, MARIA	
STREET ADDRESS	2610 COLUMBINE DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LA MOUREAUX, ARTHUR J	
STREET ADDRESS	14210 SAYBROOK FALLS CT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILTON VEGA - D	
STREET ADDRESS	1185 TOLKIEN LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAIME VELEZ - D	
STREET ADDRESS	1493 ST JOHNS BLUFF RD N	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY CHERENA - D	
STREET ADDRESS	12353 BRIGHTON BAY TRAIL SOUTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EROFILDA LUGO - D	
STREET ADDRESS	3802 VIA DE LA REINA	
CITY-ST-ZIP	JACKSONVILLE, FL 32217	
TITLE	PUBLIC RELATIONS COORDINATOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVETTE LOPEZ - D	
STREET ADDRESS	2610 STATE ROAD 41A #410	
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233	
TITLE	SUB-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILPA LOPEZ - D	
STREET ADDRESS	5457 KEYSTONE DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	

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: **JAIME VELEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/3/2000** DAYTIME PHONE # **904-641-8006**