

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90065 030 ****61.25

80033671



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000004051

1. Entity Name

PUERTO RICAN STATEHOOD FOUNDATION OF FLORIDA, IN

Principal Place of Business

5206
5206 MYSTIC PT CT
ORLANDO FL 32812
US

Mailing Address

P.O. BOX 300523
FERN PARK FL 32730-0523
US

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

PO BOX 180337

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORL. FL

4. FEI Number

59-3457268

Applied For

Not Applicable

Zip

Country

Zip

Country

32818-0337

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH BRACERO
5206 MYSTIC PT CT
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name **JOSEPH BRACERO**

Street Address (P.O. Box Number is Not Acceptable)
5206 MYSTIC PT CT

ORL

City

FL

Zip Code

32812

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

JOSEPH BRACERO

[Signature]

01-17-00

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	P	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, EDWARD JR	
STREET ADDRESS	931 OLD WHITE WAY	
CITY-ST-ZIP	WINTER SPGS FL 32708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BRACERO, JOSEPH	
STREET ADDRESS	5206 MYSTIC PT. CT.	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MARTINEZ, BLANCA L	
STREET ADDRESS	931 OLD WHITE WAY	
CITY-ST-ZIP	WINTER SPGS FL 32708	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUIZ, JOHNNIE	
STREET ADDRESS	4417 BRANDES AVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGOS, VIOLETA	
STREET ADDRESS	801 QUAILE HOLLOW DR.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MELENDEZ, GALO P.E.	
STREET ADDRESS	681 ANDOVER CIRCLE	
CITY-ST-ZIP	WINTER SPGS FL 32708	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH BRACERO	
STREET ADDRESS	5206 MYSTIC PT. CT.	
CITY-ST-ZIP	ORL FL 32812	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gladys Castejedo	
STREET ADDRESS	5021 Spring Run Ave	
CITY-ST-ZIP	Orlando, FL 32819	
TITLE	TRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PABLO A. CABRERA	
STREET ADDRESS	2001 RIVER PARK BLVD.	
CITY-ST-ZIP	ORLANDO, FL 32817	
TITLE	OFF	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward Martinez Jr	
STREET ADDRESS	931 Old White Way	
CITY-ST-ZIP	Winter Springs, FL 32708	
TITLE	OFF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Verónica Matías	
STREET ADDRESS	1208 Twin Rivers Blvd	
CITY-ST-ZIP	Oviedo, FL 32766	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-00 407-306-0972

Date

Daytime Phone #

CR2E037 (9/99)