

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
Jul 03, 2001 8:00 am
Secretary of State

04-25-2001 90178 010 ****70.00

DOCUMENT # N97000004051

1. Entity Name

PUERTO RICAN STATEHOOD FOUNDATION OF FLORIDA, IN

Principal Place of Business

5204 MYSTIC PT CT
ORLANDO FL 32812
US

Mailing Address

P.O. BOX 780337
ORLANDO FL 32878-0337
US

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

59-3457268

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**JOSEPH BRACERO
5206 MYSTIC PT CT
ORLANDO FL 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	BRACERO, JOSEPH	
STREET ADDRESS	5206 MYSTIC PT. CT.	
CITY-ST-ZIP	ORLANDO FL 32812	
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	CABRERA, PABLO A	
STREET ADDRESS	2001 RIVER PARK BLVD	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, EDWARD JR	
STREET ADDRESS	931 OLD WHITE WAY	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURGOS, VIOLETA	
STREET ADDRESS	801 QUAIL HOLLOW DR.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MATIAS, VERONICA	
STREET ADDRESS	1208 TWIN RIVERS BLVD	
CITY-ST-ZIP	OVIEDO FL 32768	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/11/01

(407) 306-0602

CR2E037 (10/00)