

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004789

1. Entity Name

CENTRO DE CULTURA PUERTORRIQUENA DE LA FLORIDA,

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90091 042 ****61.25

Principal Place of Business

Mailing Address

604 FELLOWSHIP DR
FERN PARK FL 32730
US

P O BOX 721024
ORLANDO FL 32867-9348
US

2. Principal Place of Business

1309 Black Willow Trail

3. Mailing Address

P.O. Box 679348

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Orlando, Florida

4. FEI Number

59-3461381

Applied For

Not Applicable

Zip

32714

Country

Zip

32867-9348

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CINTRON, MANUEL N
604 FELLOWSHIP DR
FERN PARK FL 32730

7. Name and Address of New Registered Agent

Name

RIVERA, MIGUEL A.

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

1309 Black Willow Trail

City

Altamonte Springs

FL

Zip Code

32714

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

MIGUEL A. RIVERA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-20-00

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	COBD	<input checked="" type="checkbox"/> Delete
NAME	CINTRON, MANUEL N	
STREET ADDRESS	604 FELLOWSHIP DR	
CITY-ST-ZIP	FERN PARK FL 32730	
TITLE	VCD	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, MIGUEL A	
STREET ADDRESS	1309 BLACK WIDOW TR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	S	<input type="checkbox"/> Delete
NAME	VARGAS, MONSERATE	
STREET ADDRESS	10250 JEPSON STREET	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROJAS, JUDITH M	
STREET ADDRESS	2650 HILLIARD COURT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	SS	<input type="checkbox"/> Delete
NAME	SANTIAGO, GLADYS	
STREET ADDRESS	168 RANDALWOOD DR	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALICEA, OSCAR	
STREET ADDRESS	4486 WEEPING WILLOW COURT	
CITY-ST-ZIP	CASSELBERRY FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COBD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, MIGUEL A.	
STREET ADDRESS	1309 Black Willow Tr.	
CITY-ST-ZIP	Altamonte Springs, FL 32714	
TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICEA, OSCAR	
STREET ADDRESS	4486 WEEPING WILLOW COURT	
CITY-ST-ZIP	CASSELBERRY, FL. 32707	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANTOS RENG	
STREET ADDRESS	5006 MONET AVE.	
CITY-ST-ZIP	ORLANDO, FL. 32812	
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		

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: MIGUEL A. RIVERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 294-0680