

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004789

1. Entity Name

CENTRO DE CULTURA PUERTORRIQUENA DE LA FLORIDA.

Principal Place of Business

1309 BLACK WILLOW TRAIL
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

P O BOX 940221
MAITLAND FL 32794-0221
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

59-3461381

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

RIVERA, MIGUEL A
1309 BLACK WILLOW TRAIL
ALTAMONTE SPRINGS FL 32714

Name

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

City

FL

Zip Code

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
After September 12, 2001, min. will be \$236.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
COBD
RIVERA, MIGUEL A
1309 BLACK WILLOW TR
ALTAMONTE SPRINGS FL 32714 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
ALICEA, OSCAR
4486 WOEPINE WILLOW CT
CASSELBERRY FL 32707 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
ARCE, TERESA
3734 ORCHARD CIRCLE
CASSELBERRY, FL 32707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
VARGAS, MONSERATE
10250 JEPSON STREET
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ROJAS, JUDITH-M.
2650 HILLIARD COURT
KISSIMMEE, FL 34744 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ROJAS, JUDITH M
2650 HILLIARD COURT
KISSIMMEE FL 34744 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
LOPEZ, MAGIN
1166 MAGINI COURT
WINTER SPRINGS, FL 32708 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SS
SANTIAGO, GLADYS
168 RANDALWOOD DR
KISSIMMEE FL 34743 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
SANTOS, RENE
5006 MONET AVE
ORLANDO FL 32812 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

FILED
Sep 05, 2001 8:00 am
Secretary of State

09-05-2001 90010 042 ****61.25

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DO NOT WRITE IN THIS SPACE

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09-12-01 467-284-0680