

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0073134

DOCUMENT # N97000004789

1. Entity Name

CENTRO DE CULTURA PUERTORRIQUENA DE LA FLORIDA, INC.



Principal Place of Business

1309 BLACK WILLOW TRAIL  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

P O BOX 940221  
MAITLAND FL 32794-0221  
US

FILED

04 MAR 16 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1548 S. SEMORAN BLVD

3. Mailing Address

P.O. BOX 574316

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO, FL

4. FEI Number 59-3461381

Applied For

Not Applicable

Zip

32807

Country

ORANGE

Zip

32857-4316

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

JUDITH M. ROJAS  
2650 HILLIARD CT.  
KISSIMMEE, FL  
34744

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Judith M. Rojas

200030594722

03/17/04--01015--002 \*\*61.25

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	COBD	Delete
NAME	RIVERA, MIGUEL A	
STREET ADDRESS	1309 BLACK WILLOW TR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	VCD	Delete
NAME	ARCE, TERE	
STREET ADDRESS	3734 OKEECHOBEE CIRCLE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	S	Delete
NAME	ROJAS, JUDITH M	
STREET ADDRESS	2650 HILLIARD COURT	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	T	Delete
NAME	MAGIN, LOPEZ	
STREET ADDRESS	1166 MAPINI COURT	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	SS	Delete
NAME	SANTIAGO, GLADYS	
STREET ADDRESS	168 RANDALWOOD DR	
CITY-ST-ZIP	KISSIMMEE FL 34743	
TITLE	ST	Delete
NAME	SANTOS, RENE	
STREET ADDRESS	5006 MONET AVE	
CITY-ST-ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	COBD	Change	Addition
NAME	ROJAS, JUDITH M.		
STREET ADDRESS	2650 HILLIARD CT		
CITY-ST-ZIP	KISSIMMEE, FL 34744		
TITLE	VCD	Change	Addition
NAME	ADRIAN MARTINEZ		
STREET ADDRESS	1166 MAPINI CT.		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
TITLE	TR	Change	Addition
NAME	MATILDE ZAVALA		
STREET ADDRESS	1548 S. SEMORAN BLVD.		
CITY-ST-ZIP	ORLANDO, FL 32807		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	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:

MATILDE ZAVALA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 (407) 281-4080

Date

Daytime Phone #

CR2E037 (10/02)