

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004789

FILED  
Jun 12, 2003  
Secretary of State

**Entity Name:** CENTRO DE CULTURA PUERTORRIQUENA DE LA FLORIDA, INC.

**Current Principal Place of Business:**

1309 BLACK WILLOW TRAIL  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 940221  
MAITLAND, FL 327940221 US

**New Mailing Address:**

**FEI Number:** 59-3461381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: COBD ( ) Delete  
Name: RIVERA, MIGUEL A  
Address: 1309 BLACK WILLOW TR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VCD ( ) Delete  
Name: ARCE, TERE  
Address: 3734 OKEECHOBEE CIRCLE  
City-St-Zip: CASSELBERRY, FL 32707

Title: S ( ) Delete  
Name: ROJAS, JUDITH M  
Address: 2650 HILLIARD COURT  
City-St-Zip: KISSIMMEE, FL 34744

Title: T ( ) Delete  
Name: MAGIN, LOPEZ  
Address: 1166 MAPINI COURT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SS ( ) Delete  
Name: SANTIAGO, GLADYS  
Address: 168 RANDALWOOD DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: ST ( ) Delete  
Name: SANTOS, RENE  
Address: 5006 MONET AVE  
City-St-Zip: ORLANDO, FL 32812

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL A. RIVERA

COBD

06/12/2003

Electronic Signature of Signing Officer or Director

Date