

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 23, 2001 8:00 am
Secretary of State

08-23-2001 90001 001 ****61.25

DOCUMENT # N98000002258

1. Entity Name

THE SOUTH FLORIDA PUERTO RICAN DAY CULTURAL PARA

Principal Place of Business

6400 SW 181 LANE
 FORT LAUDERDALE FL 33331

Mailing Address

6400 SW 181 LANE
 FORT LAUDERDALE FL 33331

00075500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0829729

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MORALES, WILFREDO E SR.
 6400 SW 181 LANE
 FORT LAUDERDALE FL 33331

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

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
 DP
 MORALES, WILFREDO E SR.
 6400 S.W. 181ST LANE
 FORT LAUDERDALE FL 33331 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 MORALES, WILFREDO E JR.
 6400 SW 181 LANE
 FT. LAUDERDALE FL 33331 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DT
 PERASON, CATHY
 900 NW 31 AVE
 FORT LAUDERDALE FL 33311 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 DS
 VALENTIN, FRANK
 1760 S GLADES DR #12
 N MIAMI BEACH FL 33165 ☐ Delete

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

(954) 327-

4-30-2001 8708 EXT 234