

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

0034688

DOCUMENT # N98000002258

1. Entity Name

THE SOUTH FLORIDA PUERTO RICAN DAY CULTURAL PARA  
DE COMMITTEE, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 22 AM 8:51

Principal Place of Business

6400 SW 181 LANE  
FORT LAUDERDALE FL 33331

Mailing Address

6400 SW 181 LANE  
FORT LAUDERDALE FL 33331

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0829729

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D  
NAME MEJIA, LESVIA  
STREET ADDRESS 720 NE 2ND ST #1  
CITY-ST-ZIP HALLANDALE FL 33009 ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600023516786  
10/02/03--01072--016 \*\*\$61.25

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/21/2003

CR2E037 (10/02)