

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001754

1. Entity Name

BORICUAS UNIDOS OF CENTRAL FLORIDA, INC.

(R)

**FILED**  
**Aug 17, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90049 039 \*\*\*\*61.25

Principal Place of Business

1644 BOULDER CREEK CT  
APOPKA FL 32712

Mailing Address

1644 BOULDER CREEK CT  
APOPKA FL 32712

2. Principal Place of Business

600 N. Thacker Ave.

3. Mailing Address

P.O. Box 420760

Suite, Apt. #, etc.

Suite C-19

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

32741

Country

US

Zip

32742-0760

Country

US

4. FEI Number

59-3566148

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

TORRES, JOSE  
1644 BOULDER CREEK CT  
APOPKA FL 32712

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.

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 13, 2000 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

TITLE ☐ Delete  
NAME President  
STREET ADDRESS Jose Torres  
CITY-ST-ZIP 1644 Boulder Creek Ct  
Apopka, FL 32712

TITLE ☐ Delete  
NAME Vice President  
STREET ADDRESS Reanna Hipps  
CITY-ST-ZIP 201 Colombo Dr  
Casselberry, FL 32707

TITLE ☐ Delete  
NAME Secretary  
STREET ADDRESS Nydia Caceres  
CITY-ST-ZIP 1009 Eiffel Lane  
Kissimmee, FL 34759

TITLE ☐ Delete  
NAME Treasurer  
STREET ADDRESS Nancy Torres  
CITY-ST-ZIP 1644 Boulder Creek Ct  
Apopka, FL 32712

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/00  
Date

(407)849-4309  
Daytime Phone #

CR2E037 (5/00)