

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003336

1. Entity Name

PUERTO RICAN COMMUNITY RESOURCE CENTER, INC.

Principal Place of Business

717 PONCE DE LEON BLVD., STE. 221
CORAL GABLES FL 33134

Mailing Address

717 PONCE DE LEON BLVD., STE. 221
CORAL GABLES FL 33134-2048

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-0952236

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, FELIX J
2660 SW 37TH AVE., APT. #503
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name

Rafael Morel

Street Address (P.O. Box Number is Not Acceptable)

1170 NW 124 Avenue

City

Miami

FL

Zip Code

33182

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]

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/18/2000
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

TITLE	D	NAME	LOPEZ, EMILIO	<input type="checkbox"/> Delete
STREET ADDRESS			12910 SW 117TH ST.	
CITY-ST-ZIP			MIAMI FL 33186	
TITLE	D	NAME	MOREL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1170 NW 124TH AVE.	
CITY-ST-ZIP			MIAMI FL 33182	
TITLE	P	NAME	SD SMITH, NORA	<input type="checkbox"/> Delete
STREET ADDRESS			19641 NW 57TH CT.	
CITY-ST-ZIP			HIALEAH FL 33015	
TITLE	T	NAME	Treasurer Isaias Ortiz	<input type="checkbox"/> Delete
STREET ADDRESS			11989 N.E. 7th Ave	
CITY-ST-ZIP			Biscayne Park, FL 33161	
TITLE	VP	NAME	Vice chairman Victor M. Ramos, Jr.	<input type="checkbox"/> Delete
STREET ADDRESS			271 N.E. 110th Street	
CITY-ST-ZIP			Miami, FL 33161	
TITLE	D	NAME	Director Alicia S. Baro	<input type="checkbox"/> Delete
STREET ADDRESS			15760 SW 148th Terr.	
CITY-ST-ZIP			Miami, FL 33196	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	NAME	Director Ivette Morgan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			8569 SW 115th Pl	
CITY-ST-ZIP			Miami, FL 33173	
TITLE	D	NAME	Director Wilfredo E. Morales, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			6400 S.W. 181st Lane	
CITY-ST-ZIP			Fort Lauderdale, FL 33331	
TITLE	D	NAME	Director Nora Venegas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			911 E. Ponce de Leon Blvd.	
CITY-ST-ZIP			Coral Gables, FL 33134	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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] Isaias Ortiz (4/15/00) (305) 416-1994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2EX37 (9/99)