

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90194 020 ****61.25

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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**

2. Principal Place of Business

P.O. Box 1388

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Miami, FL 33137

City & State

Same

Zip

33137

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

**MOREL, RAFAEL
 1170 NW 124 AVE
 MIAMI FL 33182**

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**

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** ☐ Delete
 NAME **LOPEZ, EMILIO**
 STREET ADDRESS **12910 SW 117TH ST.**
 CITY-ST-ZIP **MIAMI FL 33186**

TITLE **T** ☒ Delete
 NAME **ORTIZ, ISAIAS**
 STREET ADDRESS **11989 NE 7TH AVE**
 CITY-ST-ZIP **BISCAYNE PARK FL 33161**

TITLE **PSD** ☐ Delete
 NAME **SMITH, NORA**
 STREET ADDRESS **19641 NW 57TH CT.**
 CITY-ST-ZIP **HAIALEAH FL 33015**

TITLE **V** ☐ Delete
 NAME **RAMOS, VICTOR M JR**
 STREET ADDRESS **271 NE 110TH ST**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **D** ☐ Delete
 NAME **BARO, ALICIA S**
 STREET ADDRESS **15760 SW 148TH TERR**
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D** ☐ Delete
 NAME **MORGAN, IVETTE**
 STREET ADDRESS **8569 SW 115TH PL**
 CITY-ST-ZIP **MIAMI FL 33173**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director, Treasurer** ☒ Change ☐ Addition
 NAME **Lopez, Emilio**
 STREET ADDRESS **12910 SW 117th St.**
 CITY-ST-ZIP **Miami, FL 33186**

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

TITLE **Director, President** ☒ Change ☐ Addition
 NAME **Smith Nora**
 STREET ADDRESS **19641 NW 57th Court**
 CITY-ST-ZIP **Hialeah, FL 33015**

TITLE **Vice President, Secretary** ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **Director, Secretary** ☒ Change ☐ Addition
 NAME **Morgan, Ivette**
 STREET ADDRESS **8569 SW 115th Place**
 CITY-ST-ZIP **Miami, FL 33173**

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
Nora S. Smith 3/26/01 305-547-7661

Date

Daytime Phone #

CR2E037 (10/00)