

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90335 032 ****61.25

DOCUMENT # **N99000003336** ✓

1. Entity Name

Puerto Rican Community Resource Center, Inc.

DO NOT WRITE IN THIS SPACE

B0101819

2. Principal Place of Business

P.O. Box 1388

Suite, Apt. #, etc.

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33137

Country

Zip

Country

4. FEI Number

95-0952236

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Morel, Rafael

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

1170 NW 124 ave.

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

(NOTE: Registered Agent Signature required when re-registering)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Makes Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D Lopez, Emilio
12910 SW 117th St.
Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T Smith, Nora
19641 NW 57th Ct.
Hialeah, FL 33015

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
P Morgan, Ivette
8569 SW 115th PL
Miami, FL 33173

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
V Diaz, Hector
9250 SW 143rd Court
Miami, FL 33186

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D Baro, Alicia S
15760 SW 148th Terr
Miami, FL 33196

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
S Morel, Rafael
1170 NW 124 ave.
Miami, FL 33182

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ivette Artega Morgan Ivette A. Morgan** 4/26/02 305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone: 3706103

CR2E037B (12/01)