

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

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90087 022 ****61.25

DOCUMENT # n99000003336

1. Entity Name

PUERTO RICAN COMMUNITY RESOURCE CENTER
INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3550 Biscayne Blvd

Suite, Apt. #, etc.

604

3. Mailing Address

3550 Biscayne Blvd

Suite, Apt. #, etc.

604

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0952236

Applied For

Not Applicable

Zip

33137

Country

Miami-Dade

Zip

33137

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ivette A. Morgan

Street Address (P.O. Box Number is Not Acceptable)
8569 SW 115TH PL

City

Miami

FL

Zip Code

33173

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

Ivette A. Morgan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/23/03

FEE IS \$61.25

Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, EMILIO 12910 SW 117TH ST Mia, Fl, 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOREL, RAFAEL 1170 NW 124 AVE Mia, Fl 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARO, ALICIA S 15760 SW 148TER Mia, Fl 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORGAN, IVETTE 8569 SW 115TH Pl Mia, Fl 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D† Isais Ortiz 119 NE 7Th Biscayne Park, Fl 33167
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Norka Rodriguez 3630 NE 1Ct Miami, Fl 33137

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**DO NOT WRITE
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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ivette A. Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/23/03

CR2E037B (12/02)