

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000004317

1. Entity Name

**CENTRO CULTURAL DE PUERTO RICO EN EL SUR DE
LA FLORIDA, INC.**



Principal Place of Business

Mailing Address

**1400 SALCEDO ST.
APT. 401
CORAL GABLES FL 33134**

**P.O. BOX 6621
MIAMI FL 33152**

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

65-0947916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACEVEDO, PETER
8825 SW 17 TERRACE
MIAMI FL 33165**

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005**

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	PD	<input type="checkbox"/> Delete
NAME	VENEGAS, NORAH	
STREET ADDRESS	1400 SALCEDO ST.	
CITY- ST- ZIP	CORAL GABLES FL 33134	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PONTON, ELSA	
STREET ADDRESS	8852 WS 4 LN	
CITY- ST- ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTIZ, VICTOR	
STREET ADDRESS	7440 SW 100 CT.	
CITY- ST- ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> Delete
NAME	FIGUEROA, SILVIA	
STREET ADDRESS	3795 W 7 CT	
CITY- ST- ZIP	MIAMI FL 33012	
TITLE	V	<input type="checkbox"/> Delete
NAME	AVEVEDO, PETER	
STREET ADDRESS	9288 N.W. 17 ST	
CITY- ST- ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JOSE L	
STREET ADDRESS	7018 N.W. 39 CT.	
CITY- ST- ZIP	CORAL SPRINGS FL 33065	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000238599
02/22/05-80006-014 61.25

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

Victor Ortiz - Victor Ortiz

Date

Daytime Phone #

2/16/05