

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000004513**

1. Entity Name

FUNDACION BORIQUEA, INC.**FILED**
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90001 040 ****61.25

Principal Place of Business

**7651 VALENCIA COLLEGE LANE
ORLANDO FL 32825**

Mailing Address

**P.O. BOX 720095
ORLANDO FL 32822**

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

59-3600947

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

**FLICK, JAMES J
940 HIGHLAND AVE.
ORLANDO FL 32803**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANCESCHINI, BETSY	
STREET ADDRESS	7651 VALENCIA COLLEGE LANE	
CITY-ST-ZIP	ORLANDO FL 32825	

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

TITLE	VPD	<input type="checkbox"/> Delete
NAME	FRETES, ALBA	
STREET ADDRESS	7651 VALENCIA COLLEGE LANE	
CITY-ST-ZIP	ORLANDO FL 32825	

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

TITLE	SD	<input type="checkbox"/> Delete
NAME	OLIVERO, GEORGINA	
STREET ADDRESS	7651 VALENCIA COLLEGE LANE	
CITY-ST-ZIP	ORLANDO FL 32825	

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARJOONSINGH, JAISEERY	
STREET ADDRESS	7651 VALENCIA COLLEGE LANE	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRY PECUNIA, JR	
STREET ADDRESS	9102 WAYWOOD CT	
CITY-ST-ZIP	ORLANDO, FL 32825	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	PECANA, HARRY D	
STREET ADDRESS	7651 VALENCIA COLLEGE LANE	
CITY-ST-ZIP	ORLANDO FL 32825	

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

REQUIRED

7/11/2001

(407) 896-9009

CR2E037 (10/00)