

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

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90105 048 ****70.00

DOCUMENT # N99000004513

1. Entity Name

FUNDACION BORIQUEA, INC.



Principal Place of Business

1865 ECONOLOCKHATCHEE TRAIL
ORLANDO FL 32817

Mailing Address

P.O. BOX 677065
ORLANDO FL 32867

00028703



1st MOORE

CR2E037 (10/04)

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

FLICK, JAMES J
940 HIGHLAND AVE.
ORLANDO FL 32803

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. 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 ☒ Delete
NAME RAMOS, MARGARITA
STREET ADDRESS 7776 RAVANA DRIVE
CITY-ST-ZIP ORLANDO FL 32822

TITLE VPD ☐ Delete
NAME MACLINEZ, ANGEL
STREET ADDRESS 10428 STONE GLEN DR.
CITY-ST-ZIP ORLANDO FL 32825

TITLE SD ☒ Delete
NAME UBINAS, CARLOS
STREET ADDRESS 5632 MIMARET COURT
CITY-ST-ZIP ORLANDO FL 32811

TITLE T ☒ Delete
NAME JIMENEZ, AIVGEL
STREET ADDRESS 2600 BERINGON DRIVE
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☐ Change ☒ Addition
NAME AMILCAR T. MARTINEZ
STREET ADDRESS 8227 NEWBURY SOUND LANE
CITY-ST-ZIP ORLANDO FL 32829

TITLE VPD ☒ Change ☐ Addition
NAME MARTINEZ, ANGEL
STREET ADDRESS 10428 STONE GLEN DR.
CITY-ST-ZIP ORLANDO, FL 32825

TITLE Secretary ☐ Change ☒ Addition
NAME Maria del C. Sanchez
STREET ADDRESS 1121 Trotwood Blvd.
CITY-ST-ZIP Winter Springs, FL 32708

TITLE Treasurer ☐ Change ☒ Addition
NAME Elba Cruz
STREET ADDRESS 1955 Chattahoochee Dr.
CITY-ST-ZIP Orlando, FL 32835

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

TITLE ☐ Change ☐ 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:

Amilcar T. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/05

407380-8886
Daytime Phone #