

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -6 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000105730

1. Entity Name
PUERTO RICO CULTURAL PARADE OF FLORIDA, INC.



Principal Place of Business
1620 SPINNINGWHEEL DR
LUTZ, FL 33559

Mailing Address
1620 SPINNINGWHEEL DR
LUTZ, FL 33559

2. Principal Place of Business

3. Mailing Address

24724 State Rd 54, #114

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11222004 REIN-P CR2E098 (6/04) 04

City & State

City & State
Lutz, FL

4. FEI Number
05-0588451

Applied For
Not Applicable

Zip

Country

Zip

33559

Country

Pasco

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, SANDRA V
1620 SPINNINGWHEEL DR
LUTZ, FL 33559

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]

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

(NOTE: Registered Agent signature required when reinstating)

12/3/04

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME ACEVEDO, SANDRA V
STREET ADDRESS 1620 SPINNINGWHEEL DR
CITY-ST-ZIP LUTZ, FL 33559

TITLE VP ☐ Delete
NAME SANTIAGO, WANDA
STREET ADDRESS 1620 SPINNINGWHEEL DR
CITY-ST-ZIP LUTZ, FL 33559

TITLE VP ☐ Delete
NAME SANTIAGO, STEVEN
STREET ADDRESS 1620 SPINNINGWHEEL DR
CITY-ST-ZIP LUTZ, FL 33559

TITLE S ☐ Delete
NAME FLORES, AUDREA
STREET ADDRESS 1620 SPINNINGWHEEL DR
CITY-ST-ZIP LUTZ, FL 33559

TITLE T ☐ Delete
NAME RIVERA, GLORIA E
STREET ADDRESS 1620 SPINNINGWHEEL DR
CITY-ST-ZIP LUTZ, FL 33559

TITLE D ☐ Delete
NAME FLORES, EDWARD
STREET ADDRESS 1620 SPINNINGWHEEL DR
CITY-ST-ZIP LUTZ, FL 33559

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 607, 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

Date

Daytime Phone #

12/3/04 813-477-8368