

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003400

Entity Name: PUERTO RICAN BAR ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**905 BRICKELL BAY DRIVE, SUITE 228
MIAMI, FL 33131**Current Mailing Address:**905 BRICKELL BAY DRIVE, SUITE 228
MIAMI, FL 33131**FEI Number:** 02-0707018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RICHARD R. ROBLES, ESQ.
905 BRICKELL BAY DRIVE, SUITE 228
MIAMI, FL 33131 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	ROBLES, RICHARD RESQ.
Address	905 BRICKELL BAY DRIVE, SUITE 228
City-State-Zip:	MIAMI FL 33131

Title	TD
Name	TIRADO-LUCIAN, ALEJANDRO ESQ.
Address	1221 BRICKELL AVENUE, 19TH FLOOR
City-State-Zip:	MIAMI FL 33131

Title	VD
Name	SUAREZ, ANTHONY ESQ.
Address	517 WEST COLONIAL DRIVE
City-State-Zip:	ORLANDO FL 32804

Title	VD
Name	COLLAZO, YESENIA ESQ.
Address	10200 N.W. 25 STREET, SUITE 201
City-State-Zip:	MIAMI FL 33172

Title	VD
Name	FIGUEROA, LUIS GESQ.
Address	4601 N. ARMENIA AVENUE
City-State-Zip:	TAMPA FL 33603

Title	VD
Name	RIVERA, HECTOR RESQ.
Address	9300 S. DADELAND BOULEVARD, 4TH FLOOR
City-State-Zip:	MIAMI FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD R. ROBLES

PD

01/21/2013

Electronic Signature of Signing Officer/Director Detail_____
Date