

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003400

Entity Name: PUERTO RICAN BAR ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**517 WEST COLONIAL DRIVE
ORLANDO, FL 32804**Current Mailing Address:**517 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US**FEI Number:** 02-0707018**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUAREZ, ANTHONY ESQ.
517 WEST COLONIAL DR.
ORLANDO, FL 32804 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:** ANTHONY SUAREZ

01/19/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SUAREZ, ANTHONY ESQ.
Address 517 W COLONIAL DR
City-State-Zip: ORLANDO FL 32804

Title VP
Name ROSSOLETTI, NICHOLAS ESQ.
Address 905 BRICKELL BAY DRIVE
 SUITE 228
City-State-Zip: MIAMI FL 33131

Title VP
Name MASSON, MARIE ESQ.
Address 1417 NORTH SEMORAN BLVD.
 SUITE 205
City-State-Zip: ORLANDO FL 32807

Title TREASURER
Name CAMACHO, ELSA ESQ.
Address 3670 MAGUIRE BLVD.
 SUITE 200
City-State-Zip: ORLANDO FL 32803

Title VP
Name COLLASO, YESENIA ESQ.
Address 10200 NW 25TH ST
 SUITE 201
City-State-Zip: MIAMI FL 33172-5922

Title SECRETARY
Name CAMACHO, ELSA ESQ.
Address 255 S. ORANGE AVENUE
 SUITE 900
City-State-Zip: ORLANDO FL 32801

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: ANTHONY SUAREZ

PRESIDENT

01/19/2017

Electronic Signature of Signing Officer/Director Detail

Date