

2015 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

03/12/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	SUAREZ, ANTHONY ESQ.
Address	517 W COLONIAL DR
City-State-Zip:	ORLANDO FL 32804
Title	VD
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	TD
Name	ALONSO, GABRIEL A ESQ.
Address	7975 NW 154 ST. SUITE 480
City-State-Zip:	MIAMI FL 33016
Title	VD
Name	AYALA, RUDWIN ESQ.
Address	100 SE 3RD AVENUE SUITE 1500
City-State-Zip:	MIAMI FL 33394
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**

03/12/2015

Electronic Signature of Signing Officer/Director Detail

Date