

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

12103

FILED

03 MAR 18 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000004251**
1. Entity Name
**ASOCIACION DE EMPRESARIOS HISPANOS
De Palm Beach, Inc.**



DO NOT WRITE IN THIS SPACE

411014383384
03/20/03--01001--019 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO Box 6271
Suite, Apt. #, etc.

3. Mailing Address
PO Box 6271
Suite, Apt. #, etc.

City & State
WPB, FL

City & State
WPB, FL

Zip
33405

Country
USA

Zip
33405

Country
USA

4. FEI Number
65-1122327

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Orozco, John

Street Address (P.O. Box Number is Not Acceptable)
4114 Northlake Blvd STE 200

Palm Beach Gardens

City
FL Zip Code
33410

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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 | DP |
| NAME | Alma Gallego |
| STREET ADDRESS | PO Box 6271 |
| CITY-ST-ZIP | WPB, FL 33405 |
| TITLE | DT |
| NAME | Lily Kondo |
| STREET ADDRESS | PO Box 6271 |
| CITY-ST-ZIP | WPB, FL 33405 |
| TITLE | DV |
| NAME | Bob Santiago |
| STREET ADDRESS | PO Box 6271 |
| CITY-ST-ZIP | WPB, FL 33405 |
| TITLE | DAT |
| NAME | Darlene Carrillo |
| STREET ADDRESS | PO Box 6271 |
| CITY-ST-ZIP | WPB, FL 33405 |
| TITLE | DS |
| NAME | Masda Pulido |
| STREET ADDRESS | PO Box 6271 |
| CITY-ST-ZIP | WPB, FL 33405 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *M. L. Carrillo*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/06/03 **561-649-1092**
Date Daytime Phone #

CR2E037B (12/02)

3/18

* M BUSINESS SERVICE

March 6, 2003

Florida Department Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

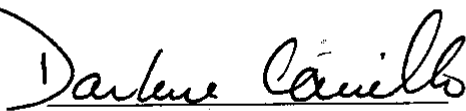
Re: Asociación de Empresarios Hispanos de Palm Beach, Inc.
N011000004251

We are responding to your letter of February 6, 2003, which is a response to our communication of January. You have the original check we sent with the report back in February of 2002 for the amount of 61.25. We also explain to you that we had made the corrections on the same sheet and had mailed it back to your division.

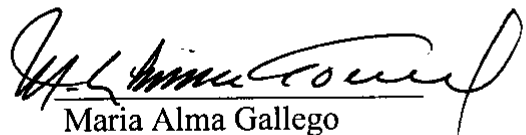
We do not understand the charge of \$122.50 to reinstate when we had correctly answered and returned the form to avoid this. We are sending the form for 2003 with its appropriate renewal check for \$61.25. I have enclosed all the copies and the copy of the bank statement showing you had collected the amount of \$61.25 back in the month of March.

Please advise the status of our corporation after you review all the enclosed material. We thank you for your attention to this matter.

Sincerely,



Darlene Carrillo
Accountant



Maria Alma Gallego
President/ Director