

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90120 023 ****61.25

80039028

DOCUMENT # **N95000005885**
 1. Entity Name
GRUPO FOLKLORICO ESMERALDA, INC.

Principal Place of Business Mailing Address
1381 Seaview Ave. 1381 Seaview Ave.
N. Laud, Fl. 33068. N. Laud, Fl. 33068

2. Principal Place of Business 3. Mailing Address
3371 NW 22 ST. 3371 NW 22 ST.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Coconut Creek, Fl. Coconut Creek, Fl.
 Zip Country Zip Country
33066 U.S.A. 33066 U.S.A.

4. FEI Number Applied For
65-0621049 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~Wagner, Maria L~~
1381 Seaview Ave.
N. Laud, Fl. 33068

7. Name and Address of New Registered Agent
 Name ~~Wagner, Maria L~~
 Street Address (P.O. Box Number is Not Acceptable)
5440 N. State Rd. 7
Suite 219
 City **FT. Laud** FL Zip Code **33319**

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.
 SIGNATURE *Maria Lief Wagner* DATE **3/6/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	Wagner, Maria L	
STREET ADDRESS	1381 Seaview Ave.	
CITY-ST-ZIP	N. Laud, Fl. 33068	
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Julio Cordoba	
STREET ADDRESS	7605 Wilborne St.	
CITY-ST-ZIP	Raleigh, NC 27015	
TITLE	Treasurer - alternate	<input checked="" type="checkbox"/> Delete
NAME	Lucy Salas	
STREET ADDRESS	7022 SW 19 Place	
CITY-ST-ZIP	Pompano Bch, Fl. 33068	
TITLE	Secretary	<input checked="" type="checkbox"/> Delete
NAME	Lisa G. Mundt	
STREET ADDRESS	10792 West Sample Rd.	
CITY-ST-ZIP	Coral Springs, Fl. 33065	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	Diego NAEVAZ	
STREET ADDRESS	9377 Aegean Dr.	
CITY-ST-ZIP	Boca Raton, Fl. 33496	
TITLE	Secretary - alternate	<input type="checkbox"/> Delete
NAME	Patricia Salinas	
STREET ADDRESS	5940 South Sable Circle	
CITY-ST-ZIP	Margate, Fl. 33063	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President / Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wagner, Maria L	
STREET ADDRESS	1381 Seaview Ave.	
CITY-ST-ZIP	N. Laud, Fl. 33068	
TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julio Cordoba	
STREET ADDRESS	7605 Wilborne St.	
CITY-ST-ZIP	Raleigh, NC 27015	
TITLE	Treasurer - alternate	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diego NAEVAZ	
STREET ADDRESS	9377 Aegean Dr.	
CITY-ST-ZIP	Boca Raton, Fl. 33496	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Liliana Ferragos	
STREET ADDRESS	1535 NW 80th Ave #1	
CITY-ST-ZIP	Margate, Fl. 33063	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Claudia Cocanas	
STREET ADDRESS	8260 SW 9 St.	
CITY-ST-ZIP	N. Laud, Fl. 33068	
TITLE	Secretary - alternate	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patricia Salinas	
STREET ADDRESS	5940 South Sable Circle	
CITY-ST-ZIP	Margate, Fl. 33063	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria Lief Wagner* DATE: **3/2/2000** (954) 522 6891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 975 46 89

CR2E037 (9/99)