

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90231 014 ****61.25

DOCUMENT # N95000005885

1. Entity Name

GRUPO FOLKLORICO ESMERALDA, INC.

Principal Place of Business

3371 NW 22ND ST
 COCONUT CREEK FL 33066

Mailing Address

3371 NW 22ND ST
 COCONUT CREEK FL 33066

660188



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0621049

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WAGNER, MARIA L
5440 N. STATE RD 7
STE 219
FORT LAUDERDALE FL 33319

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 L Wagner

5/20/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	WAGNER, MARIA L	
STREET ADDRESS	1381 SEAVIEW AVENUE	
CITY-ST-ZIP	NO. LAUDERDALE FL 33068	
TITLE	C	<input type="checkbox"/> Delete
NAME	GIRALDO, GILBERTO	
STREET ADDRESS	1381 SEAVIEW AVENUE	
CITY-ST-ZIP	NO. LAUDERDALE FL 33068	
TITLE	TA	<input checked="" type="checkbox"/> Delete
NAME	NARVAEZ, DIEGO	
STREET ADDRESS	1381 SEAVIEW	
CITY-ST-ZIP	NORTH LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TASAMS, CLAUDIA	
STREET ADDRESS	8260 SW 9TH ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SALINAS, PATRICIA	
STREET ADDRESS	5940 SOUTH SABLE CIRCLE	
CITY-ST-ZIP	MARGATE FL 33663	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CORDOBA, JULIO	
STREET ADDRESS	7605 WELBORNE STREET	
CITY-ST-ZIP	RALEIGH NC 27615	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3371 NW 22 street	
CITY-ST-ZIP	COCONUT CREEK FL: 33066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3371 NW 22 street	
CITY-ST-ZIP	COCONUT CREEK FL: 33066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALINAS Patricia	
STREET ADDRESS	5940 South Sable Cir	
CITY-ST-ZIP	Margate Fl 33063 Treasury.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		

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 L Wagner* *5/20/2001 (900) 522-6891*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)