

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90687 027 ****70.50

DOCUMENT # N95000005885

1. Entity Name

GRUPO FOLKLORICO ESMERALDA, INC.

Principal Place of Business

Mailing Address

**3371 NW 22ND ST
 COCONUT CREEK FL 33066**

**3371 NW 22ND ST
 COCONUT CREEK FL 33066**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0621049

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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

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 Delete
 NAME **PD WAGNER, MARIA L**
 STREET ADDRESS **3371 NW 22 STREET**
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **GIRALDO, GILBERTO**
 STREET ADDRESS **3371 NW 22 STREET**
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SALINAS, PATRICIA**
 STREET ADDRESS **5940 SOUTH SABLE CIRCLE**
 CITY-ST-ZIP **MARGATE FL 33663**

TITLE Change Addition
 NAME **CARDEAS, ORFELINA**
 STREET ADDRESS **7507 N.W. 3 CE**
 CITY-ST-ZIP **MANTAZON, FL 33317**

TITLE Delete
 NAME **VPD CORDOBA, JULIO**
 STREET ADDRESS **7605 WELBORNE STREET**
 CITY-ST-ZIP **RALEIGH NC 27615**

TITLE Change Addition
 NAME **VPD EUGENIO R. TORRES**
 STREET ADDRESS **4300 N.W. 60 STREET**
 CITY-ST-ZIP **FORT LAUDERDALE, FL 33319**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **EDGAR ALVAREZ**
 STREET ADDRESS **7021 LEE STREET**
 CITY-ST-ZIP **HOLLYWOOD, FL 33024**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 the report, is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maria L Wagner*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/2002

(904) 9754689

Date

Daytime Phone #

CR2E037 (9/01)