

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50169

1. Entity Name

THE GUATEMALAN-MAYA CENTER, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90254 014 ****61.25

Principal Place of Business

110 NORTH F STREET ANNEX
LAKE WORTH FL 33460

Mailing Address

110 NORTH F STREET ANNEX
LAKE WORTH FL 33460-3336

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0355018

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TORCIMA, GLEN J ESQ.
250 AUSTRALIAN AVE SOUTH
SUITE 1504
WEST PALM BEACH FL 33401

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	CD	<input type="checkbox"/> Delete
NAME	O'LOUGHLIN, FRANK F	
STREET ADDRESS	10935 S. MILITARY TRAIL	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	COCH	<input type="checkbox"/> Delete
NAME	CANO, MARTHA M	
STREET ADDRESS	5005 PAPRIKA LN	
CITY-ST-ZIP	PALM BEACH GARDEN FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARRASCO, GUILLERMO	
STREET ADDRESS	324 DATURA STREET SUITE 401	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHINQUIN YATT, MIGUEL A	
STREET ADDRESS	3262 MELALEUCA LANE	
CITY-ST-ZIP	LAKE WORTH FL 33461	
TITLE	D	<input type="checkbox"/> Delete
NAME	GASPAR, POLICARDIA	
STREET ADDRESS	1706 TROPICAL DR.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIA T.	
STREET ADDRESS	949 ORTEGA RD.	
CITY-ST-ZIP	WPB FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/00 (561) 547-0085

CR2E037 (9/99)