5/4/01-90160-002-$61.25-$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001993

1. Entity Name

ESTAMPAS PERUANAS SOCIAL-CULTURAL ORGANIZATION O

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL -2 PM 12:57

Principal Place of Business	Mailing Address
2700 OKEECHOBE BLVD WEST PALM BEACH FL 33409	2700 OKEECHOBE BLVD WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1332 Wyndcliff Dr.	1332 Wyndcliff Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL.	City & State: Wellington, FL.
Zip: 33414 Country: U.S.A.	Zip: 33414 Country: U.S.A.

4. FEI Number: 65-0857102 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIVERA, PEDRO
2700 OKEECHOBEE BLVD
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name: ZOILA MENDOZA
Street Address (P.O. Box Number is Not Acceptable): 1332 Wyndcliff Drive
City: Wellington FL Zip Code: 33414

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: MENDOZA Zoila — 4-27-01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERNANDINI, JORGE 77 DEDAR CIRCLE BOYNTON BEACH FL 33436	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FERNANDEZ RAUL 1409 BETA Ct. WEST PALM BEACH FL 33406	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RIVERA, PEDRO 2700 OKEECHOBEE BLVD WEST PALM BEACH FL 33409	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FEIKER VERONICA 205 N. LAKESIDE DRIVE LAKE WORTH, FL 33460	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VERANO, ROSA 5924 LONGBOW LANE APT 7 WEST PALM BEACH FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MENDOZA ZOILA 1332 WYNDCLIFF DRIVE WELLINGTON, FL 33414	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VERANO, LUIS 5924 LONGBOW LANE APT 7 WEST PALM BEACH FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT HOYLE, SERGIO 6774 S CONGRESS LANTANA FL 33460	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 — 4-27-01 — 561-792-4365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #