

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90029 048 ****61.25

DOCUMENT # N96000001002

1. Entity Name

**HISPANIC CHAMBER OF COMMERCE OF PALM BEACH COUNT
Y, INC.**

Principal Place of Business

Mailing Address

**303 BAYNAN BLVD., STE. 101
WEST PALM BEACH FL 33401**

**P.O. BOX 15788
WEST PALM BEACH FL 33416
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0652653

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

**FARACH, MANUEL
1645 PALM BEACH LAKES BOULEVARD
SUITE 2200
WEST PALM BEACH FL 33401**

Name **MARCI FUENTES BALL**

Street Address (P.O. Box Number is Not Acceptable)
515 N. FLAGLER DRIVE

10th Floor

City **WEST PALM BEACH**

FL

Zip Code **33401**

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

Marci Fuentes Ball

4/30/02

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 **D** ☒ Delete
NAME **BERROCAL, C J**
STREET ADDRESS **STE 310, 1070 E INDIANTOWN RD**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **D** ☐ Change ☒ Addition
NAME **SOTILLO, JOSE**
STREET ADDRESS **8051 CONGRESS AVE**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **D** ☒ Delete
NAME **ANAYA, CATHY**
STREET ADDRESS **P.O. BOX 19908**
CITY-ST-ZIP **W. PALM BEACH FL 33416-4908**

TITLE **D** ☐ Change ☒ Addition
NAME **SULLIVAN, JOYCE**
STREET ADDRESS **2751 SOUTH DIXIE HWY.**
CITY-ST-ZIP **WEST PALM BEACH, FL 33405**

TITLE **D** ☐ Delete
NAME **AYALA, CARMEN M**
STREET ADDRESS **10871 N.W. 52ND STREET, STE. 4**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **BERROCAL, CARLOS J ESQ.**
STREET ADDRESS **801 MAPLEWOOD DRIVE, STE. 22-A**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **D** ☒ Change ☐ Addition
NAME **BERROCAL, CARLOS J**
STREET ADDRESS **801 MAPLEWOOD DRIVE, SUITE 22-A**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE **LCS** ☐ Delete
NAME **CORRY, LAURA R.H.**
STREET ADDRESS **3301 GUN CLUB RD.**
CITY-ST-ZIP **W. PALM BEACH FL 33406**

TITLE **C** ☒ Change ☐ Addition
NAME **CORRY, LAURA, R.H.**
STREET ADDRESS **3301 GUN CLUB ROAD**
CITY-ST-ZIP **WEST PALM BEACH, FL 33406**

TITLE **COO** ☐ Delete
NAME **DUNN, CHARLES W**
STREET ADDRESS **P.O. BOX 15915**
CITY-ST-ZIP **WEST PALM BEACH FL 33416-5915**

TITLE **D** ☒ Change ☐ Addition
NAME **DUNN, CHARLES, W**
STREET ADDRESS **P.O. BOX 15915**
CITY-ST-ZIP **WEST PALM BEACH, FL 33416-5915**

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 reports 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

4/29/02

(561)832-1986

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)