

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1263

FILED

03 MAR 18 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004251

1. Entity Name

ASOCIACION DE EMPRESARIOS HISPANOS
De Palm Beach, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 6271

Suite, Apt. #, etc.

3. Mailing Address

PO Box 6271

Suite, Apt. #, etc.

City & State

WPB, FL

City & State

WPB, FL

4. FEI Number

65-1122327

Applied For

Not Applicable

Zip

33405

Country

USA

Zip

33405

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

OROZCO, John

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

4114 Northlake Blvd STE 200

Palm Beach Gardens

City

FL

Zip Code

33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	TITLE	
NAME	Alma GALEGO	NAME	
STREET ADDRESS	PO Box 6271	STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33405	CITY-ST-ZIP	
TITLE	DT	TITLE	
NAME	Lily Kondo	NAME	
STREET ADDRESS	PO Box 6271	STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33405	CITY-ST-ZIP	
TITLE	DV	TITLE	
NAME	Bob Santiago	NAME	
STREET ADDRESS	PO Box 6271	STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33405	CITY-ST-ZIP	
TITLE	DAT	TITLE	
NAME	Darlene Carrillo	NAME	
STREET ADDRESS	PO Box 6271	STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33405	CITY-ST-ZIP	
TITLE	DS	TITLE	
NAME	Masda Pulido	NAME	
STREET ADDRESS	PO Box 6271	STREET ADDRESS	
CITY-ST-ZIP	WPB, FL 33405	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/06/03

Date

561-649-1092

Daytime Phone #

CR2E037B (12/02)

3/18

* *M BUSINESS SERVICE*

March 6, 2003

Florida Department Of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314


Re: Asociación de Empresarios Hispanos de Palm Beach, Inc.
N011000004251

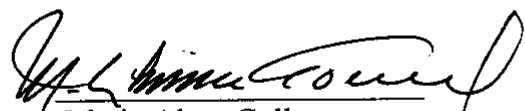
We are responding to your letter of February 6, 2003, which is a response to our communication of January. You have the original check we sent with the report back in February of 2002 for the amount of 61.25. We also explain to you that we had made the corrections on the same sheet and had mailed it back to your division.

We do not understand the charge of \$122.50 to reinstate when we had correctly answered and returned the form to avoid this. We are sending the form for 2003 with its appropriate renewal check for \$61.25. I have enclosed all the copies and the copy of the bank statement showing you had collected the amount of \$61.25 back in the month of March.

Please advise the status of our corporation after you review all the enclosed material. We thank you for your attention to this matter.

Sincerely,


Darlene Carrillo
Accountant


Maria Alma Gallego
President/ Director