

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90097 020 \*\*\*\*61.25

**DOCUMENT # N38130**

1. Entity Name

**PALM BEACH COUNTY HISPANIC BAR ASSOCIATION, INC.**



Principal Place of Business

**700 N. OLIVE AVENUE  
WEST PALM BEACH FL 33401  
US**

Mailing Address

**700 N. OLIVE AVENUE  
WEST PALM BEACH FL 33401  
US**

2. Principal Place of Business

**312 - 9th Street**

Suite, Apt. #, etc.

3. Mailing Address

**312 - 9th Street**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

**West Palm Beach FL**

City & State

**West Palm Beach FL**

Zip

**33401**

Country

**USA**

Zip

**33401**

Country

**USA**

4. FEI Number **65-0196935**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FRANKS, RAE C MS.  
700 N. OLIVE AVENUE  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

**FRANKS RAE C.**

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

**312 - 9th Street**

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

SIGNATURE

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

**4/28/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FRANKS, RAE C MS.</b>	
STREET ADDRESS	<b>700 N. OLIVE AVENUE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FARACH, MANNY</b>	
STREET ADDRESS	<b>1645 PALM BEACH LAKES BLVD #12</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CESTERO, JORGE</b>	
STREET ADDRESS	<b>1800 AUSTRALIAN AVE S #203</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIAZ, EDDIE</b>	
STREET ADDRESS	<b>625 W FLAGLER DR #700</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETILLO, MARINA</b>	
STREET ADDRESS	<b>1201 US HWY ONE #435</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARCIA, MARIANO</b>	
STREET ADDRESS	<b>1801 CENTREPARK DRIVE EAST, STE. 200</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>FRANKS RAE C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>312 9th Street</b>	
STREET ADDRESS	<b>West Palm Beach Fla 33401</b>	
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
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
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]*

**4/28/03**

**561-820-9177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

0035249