

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

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

0035249

DOCUMENT # **N38130**

1. Entity Name
PALM BEACH COUNTY HISPANIC BAR ASSOCIATION, INC.



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

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

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 *Rae Franks* **4/28/03**

(NOTE: Registered Agent signature required when reinstating)

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

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FRANKS RAE C 312 9th Street West Palm Beach Fla 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Rae Franks* **4/28/03** **561-820-9177**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)