

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49535

1. Entity Name

GRUPO FOLKLORE LATINO, INC.



**FILED**  
**Aug 11, 2000 8:00 am**  
**Secretary of State**

08-11-2000 90004 032 \*\*\*\*61.25

Principal Place of Business

3970 LAKE WORTH RD  
LAKE WORTH FL 33461

Mailing Address

P.O. BOX 20795  
WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0328718

Applied For

Not Applicable

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

ARCE, LILIAN  
4907 REGINA CT  
WEST PALM BEACH FL 33415

Name

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

City

FL

Zip Code

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

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**

**After September 13, 2000 min. will be \$236.25**

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	P MONTOYA, JUAN A 1325 GATEWAY DRIVE LANTANA FL 33562	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARCE, LILLIAN 4907 REGINA COURT WEST PALM BEACH FL 33415	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMADOR, GUSTAVO 125 SOUTH C STREET LAKE WORTH FL 33460	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ, DANIEL 1 CASTON WAY LANTANA FL 33462	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, HELMAN 1610 ROYAL FOREST COURT WEST PALM BEACH FL 33406	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, EMMA 1978 WINDSOR DRIVE NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LILLIAN ARCE 4907 REGINA CT. WEST PALM BEACH, FLA. 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUSTAVO AMADOR 125 SOUTH C. ST. LAKE WORTH, FLA. 33460	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDRA BELEN 5108 SHERMAN RD. WEST PALM BEACH, FLA. 33415	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DANIEL DIAZ 1 CASTON WAY LANTANA, FLA. 33462	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELMAN RUIZ 1610 ROYAL FOREST CT. WEST PALM BEACH, FLA. 33406	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMMA WEST 1978 WINDSOR DRIVE NORTH PALM BEACH, FLA. 33408	<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: *Lilian Arce*

LILLIAN R. ARCE EXEC. DIRECTOR

8/7/00

967-6988

1(\$61)

CR2E037 (5/00)