

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
 05-01-2002 91614 047 ****61.25

DOCUMENT # N49535

1. Entity Name

GRUPO FOLKLORE LATINO, INC.

Principal Place of Business

Mailing Address

**3 LAKE WORTH RD
 LAKE WORTH FL 33461**

**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

4. FEI Number

65-0328718

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

**ARCE, LILLIAN
 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

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 **P** ☐ Delete
 NAME **ARCE, LILLIAN**
 STREET ADDRESS **4907 REGINA COURT**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **P** ☐ Change ☐ Addition
 NAME **ARCE-DIAZ LILLIAN**
 STREET ADDRESS **679 HARTH DR.**
 CITY-ST-ZIP **W.P.B. FLA. 33415**

TITLE **V** ☐ Delete
 NAME **AMADOR, GUSTAVO**
 STREET ADDRESS **125 SOUTH C STREET**
 CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **V** ☒ Change ☐ Addition
 NAME **EMA-WEST**
 STREET ADDRESS **1978 WINDSOR DR.**
 CITY-ST-ZIP **NORTH PALM BEACH, FL. 33408**

TITLE **T** ☐ Delete
 NAME **DIAZ, DANIEL**
 STREET ADDRESS **1 CASTON WAY**
 CITY-ST-ZIP **LANTANA FL 33462**

TITLE **T** ☐ Change ☐ Addition
 NAME **DANIEL DIAZ**
 STREET ADDRESS **679 HARTH DR.**
 CITY-ST-ZIP **WEST PALM BEACH.,FLA. 33415**

TITLE **S** ☐ Delete
 NAME **DONINGUEZ, LAURA**
 STREET ADDRESS **3392 HOUSATONIC DRIVE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **S** ☒ Change ☐ Addition
 NAME **SANDRA BELEN**
 STREET ADDRESS **5106 SHERMAN RD.**
 CITY-ST-ZIP **WEST PALM BEACH, FLA. 33415**

TITLE **D** ☐ Delete
 NAME **WEST, EMMA**
 STREET ADDRESS **1978 WINDSOR DRIVE**
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **D** ☒ Change ☐ Addition
 NAME **PATRICIA YUTRONIC**
 STREET ADDRESS **4942 PINE KNOB DR.**
 CITY-ST-ZIP **WEST PALM BEACH, FLA. 33409**

TITLE **D** ☐ Delete
 NAME **BELEN, SANDRA**
 STREET ADDRESS **5108 SHERMAN RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☒ Change ☐ Addition
 NAME **CARMEN MERCADO**
 STREET ADDRESS **4463 MARTHA LOUISE DR.**
 CITY-ST-ZIP **WEST PALM BEACH, FLA. 33417**

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:

LILLIAN ARCE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/02

(561) 642-0834

CR2E037 (9/01)