

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

FILED
Aug 25, 2003 8:00 am
Secretary of State

04-28-2003 90509 024 ****61.25

0010775

DOCUMENT # N49535

1. Entity Name

GRUPO FOLKLORE LATINO, INC.



Principal Place of Business

**3970 LAKE WORTH RD
LAKE WORTH FL 33461**

Mailing Address

**P.O. BOX 20795
WEST PALM BEACH FL 33416**

55054890



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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. 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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **ARCE-DIAZ, LILLIAN**
STREET ADDRESS **679 HARTH DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE **D** ☒ Delete
NAME **MERCADO, CARMEN**
STREET ADDRESS **4463 MARTHA LOUISE DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **VP** ☐ Change ☐ Addition
NAME **EMA WEST**
STREET ADDRESS **1978 WINDSOR-DRIVE-**
CITY-ST-ZIP **N, PALM BEACH, FLA. 33408**

TITLE **T** ☐ Delete
NAME **DIAZ, DANIEL**
STREET ADDRESS **679 HARTH DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE **D** ☒ Delete
NAME **YUTRONIC, PATRICIA**
STREET ADDRESS **4942 PINE KNOB DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE **S=** ☐ Change ☐ Addition
NAME **SANDRA BELEN**
STREET ADDRESS **5108 SHERMAN DR.**
CITY-ST-ZIP **WEST PALM BEACH, FLA. 33415**

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

TITLE **D=** ☐ Change ☐ Addition
NAME **WENDY LOPEZ**
STREET ADDRESS **1509 ROYAL FOREST CT.**
CITY-ST-ZIP **WEST PALM BEACH, FLA. 33406**

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

TITLE **D=** ☐ Change ☐ Addition
NAME **LAURA DOMINGUEZ**
STREET ADDRESS **3392 HOUSATONIC DR.**
CITY-ST-ZIP **WEST PALM BEACH, FLA. 33406**

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]

8/21/03

(561) 967-6988

CR2E037 (4/03)

Attachment ~~50054890~~
1149035

I SEND CHECK IN MAY 2003,
CORRECTIONS: BLOCK 10 AND 11 ONLY

THANK YOU

William R. Arce
WILLIAM R. ARCE