

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** N 93000001685

**1. Entity Name**  
GUATEMALAN MAYA QUETZAL ORGANIZATION, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
00 OCT 13 PM 3:44

**REINSTATEMENT**

**Principal Place of Business**  
P O BOX 7013  
WPB FL 33405

**Mailing Address**  
P.O. Box 7013  
West Palm Beach, FL 33405

<b>2. Principal Place of Business</b> PO Box 7013 Suite, Apt. #, etc. n/a		<b>3. Mailing Address</b> PO Box 7013 Suite, Apt. #, etc. n/a	
<b>City &amp; State</b> West Palm Beach		<b>City &amp; State</b> West Palm Beach	
<b>Zip</b> 33405	<b>Country</b> Palm Beach	<b>Zip</b> 33405	<b>Country</b> Palm Beach

DO NOT WRITE IN THIS SPACE  
03-24-96-00087050-36.25

**4. FEI Number**  
65-0433524

**5. Certificate of Status Desired**  
Yes **\$8.75 Add Fee Required**

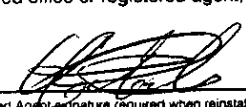
**6. Name and Address of Current Registered Agent**

Carlos Cisneros Secretary  
509 Pilgrim Road  
West Palm Beach, FL 33405

**7. Name and Address of New Registered Agent**

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 Carlos Cisneros, Secretary  9/14/00  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President Dr. Mario Hernandez 4911 South Dixie Hwy West Palm Beach, FL 33405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Secretary - Carlos Cisneros 509 Pilgrim Rd West Palm Beach FL 33405 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President I Ervin Arevalo 452 Shawnee Lane Tantana, FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vicepresidesnt Victoriano Abac 1311 Folson Rd Gothaatchee, FL 33470 <input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Treasurer Belci Encinosa 241 Costello Rd. West Palm Beach, FL 33405 <input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	0000003433840-0 -10/20/00--01067--016 ****245.00 ****245.00 <input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change

**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 11, as changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Carlos Cisneros Secretary  (561) 588-4183  
Signature and typed or printed name of signing officer or director Date Daytime Phone #