

2/27

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

02-27-2002 90036 033 ****70.00

DOCUMENT # N93000001685

1. Entity Name

GUATEMALAN MAYA QUETZAL ORGANIZATION, INC. (GMQO)
)

Principal Place of Business

Mailing Address

P.O. BOX 7013
 WEST PALM BEACH FL 33405

P.O. BOX 7013
 WEST PALM BEACH FL 33405

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

65-0433524

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

CISNEROS, CARLOS
 509 PILGRIM ROAD
 WEST PALM BEACH FL 33405

Name Mario Hernandez DDS

Street Address (P.O. Box Number is Not Acceptable)
6695 Conch Court

Boynton Beach

City

FL

Zip Code

33437

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

Mario Hernandez DDS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4-8-02

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 DS ☒ Delete
 NAME CISNEROS, CARLOS
 STREET ADDRESS 509 PILGRIM RD
 CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE Director Vice President ☒ Change ☐ Addition
 NAME Cisneros, Carlos
 STREET ADDRESS 509. Pilgrim Rd
 CITY-ST-ZIP WPB FL 33405

TITLE DP ☐ Delete
 NAME HERNANDEZ, MARIO DR
 STREET ADDRESS 4911 SOUTH DIXIE HWY
 CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE Director ☐ Change ☒ Addition
 NAME Perez, Guillermo
 STREET ADDRESS 5174 Glen Cove Lane
 CITY-ST-ZIP WPB FL 33415

TITLE DV ☒ Delete
 NAME AREVALO, ERVIN
 STREET ADDRESS 452 SHAWNEE LANE
 CITY-ST-ZIP LANTANA FL 33462

TITLE Director - Secretary ☐ Change ☒ Addition
 NAME Calderon, Carlos
 STREET ADDRESS 5060 Palm Hill Drive Ap-156
 CITY-ST-ZIP West Palm Bch FL 33415

TITLE DV ☐ Delete
 NAME ABAC, VICTORIANO
 STREET ADDRESS 1311. FOLSON RD
 CITY-ST-ZIP LOXAHATCHEE FL 33470

TITLE Director ☐ Change ☒ Addition
 NAME Samayoa, Harold
 STREET ADDRESS 5254 Canal Circle West
 CITY-ST-ZIP Lake Worth FL 33467

TITLE DT ☐ Delete
 NAME ENCINOSA, BELCI
 STREET ADDRESS 241 COSTELLO RD
 CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE Director ☐ Change ☒ Addition
 NAME Ucelo, Hugo D.
 STREET ADDRESS 2601-6 S. Military Trail
 CITY-ST-ZIP West Palm Bch FL 33415

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Director ☐ Change ☒ Addition
 NAME Barahona, Roberto
 STREET ADDRESS 2750 Parker Ave
 CITY-ST-ZIP West Palm Bch FL 33405

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 true owner authorized to execute this report as required by Chapter 612, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address which is not like enumerated.

SIGNATURE:

SIC
 SIGNATURE OF OFFICER OR DIRECTOR

Date

Daytime Phone #

(561) 369-0318

Mario Hernandez DDS

CR2E037 (9/01)