

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90026 030 ****61.25

DOCUMENT # N93000003945

1. Entity Name

ORGANIZACION CULTURAL ARGENTINA DE PALM BEACH IN

Principal Place of Business

Mailing Address

6295 LAKE WORTH RD
 BAY 35
 LAKE WORTH FL 33463
 US

6295 LAKE WORTH RD
 BAY 35
 LAKE WORTH FL 33463-3034
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0432247

Applied For

Not Applied

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

MOISES, ARUJ
7752 FORESTAY DRIVE
LAKE WORTH FL 33467

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

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **ARUJ, DAVID**
 CITY-ST-ZIP **7885 ROCK PORT CI**
LAKE WORTH FL 33467

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ZEITUNE, ALBERTO**
 CITY-ST-ZIP **6310 EMERALD SKY LA**
GREENACRES FL 33467

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **ARUJ, ESTRELLA**
 CITY-ST-ZIP **7752 FORESTAY DR**
LAKE WORTH FL 33467

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **NAVARRO, JUAN CARLOS**
 CITY-ST-ZIP **1314 STONEWAY LA**
WEST PALM BEACH FL 33417

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-9900