

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000005885

1. Entity Name

GRUPO FOLKLORICO ESMERALDA, INC.

FILED

May 29, 2002 8:00 am  
Secretary of State

05-29-2002 90687 027 \*\*\*\*70.50

Principal Place of Business

3371 NW 22ND ST  
COCONUT CREEK FL 33066

Mailing Address

3371 NW 22ND ST  
COCONUT CREEK FL 33066

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0621049

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

WAGNER, MARIA L  
5440 N. STATE RD 7  
STE 219  
FORT LAUDERDALE FL 33319

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 PD ☐ Delete  
NAME WAGNER, MARIA L  
STREET ADDRESS 3371 NW 22 STREET  
CITY-ST-ZIP COCONUT CREEK FL 33066

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

TITLE ☒ Delete  
NAME GIRALDO, GILBERTO  
STREET ADDRESS 3371 NW 22 STREET  
CITY-ST-ZIP COCONUT CREEK FL 33066

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

TITLE ☒ Delete  
NAME SALINAS, PATRICIA  
STREET ADDRESS 5940 SOUTH SABLE CIRCLE  
CITY-ST-ZIP MARGATE FL 33663

TITLE ☐ Change ☒ Addition  
NAME CARDEAS, ORFELIA  
STREET ADDRESS 7507 N.W. 3 CE  
CITY-ST-ZIP HIAWATHA, FL 33317

TITLE ☒ Delete  
NAME VPD CORDOBA, JULIO  
STREET ADDRESS 7605 WELBORNE STREET  
CITY-ST-ZIP RALEIGH NC 27615

TITLE ☐ Change ☒ Addition  
NAME VPD EUGENIO R. TORRES  
STREET ADDRESS 4300 N.W. 60 STREET  
CITY-ST-ZIP FORT LAUDERDALE, FL 33319

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME EDGAR ALVAREZ  
STREET ADDRESS 7021 LEE STREET  
CITY-ST-ZIP HOLLYWOOD, FL 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 the report as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/2002

Date

Daytime Phone #

CR2E037 (9/01)