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

## DOCUMENT # N9500005885

1. Entity Name

## GRUPO FOLKLORICO ESMERALDA, INC.

			WE THE				
Principal Plac	ce of Business	Mailing Address		7			
3371 NW 22ND ST COCONUT CREEK FL 33066		3371 NW 22ND ST COCONUT CREEK FL 33066					
					. <b>.</b>		
2. Principal P	Place of Business	3. Mailing Address	<del> </del>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			HECK HERE IF MAKING	CHANGES	
City & State		City & State		4. FEI Number 65~	0621049	<u> </u>	plied For
Zip Country		Zip	Zip Country		tus Desired	\$8.75 Add	
	6 Name and Address of Curre	nt Peoletored Agent	<u> </u>			ee Require	<u> </u>
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Addre	ess of New Registered A	gent	
WACNED	, MARIA L						
	STATE RD 7		Street Address	s (P.Q. Box Number is No	ot Acceptable)		
STE 219	OIVIE UD I			· · · · · · · · · · · · · · · · · · ·		<del></del> .	
FORT LAUDERDALE FL 33319			City		FL Zip Code		
8. The above	e named entity submits this statemen	t for the purpose of changing it	ts registered office or registe	ered agent, or both, in th	ne State of Florida. I am fa	amiliar with,	and accept
	tions of registered agent.	,	•				
•,							
SIGNATURE .	Signature, typed or printed name of registered ag	(N/C	TE: Registered Agent signature requir	red when reinetating)	DATE		
	Signature, typed or printed hearte or registered ag	ent and the napplicacie. (NO	TE: Hogistered Agent alguature requi	GO WHOTH TOTAL LINE			
		9 Flection Co	ampaign Financing	¢E 00	Make Check	Davable	to
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			rayabic	
l	FILE NOW: FEE 15 \$61.25			\$5.00 May Be Added to Fees		ment of S	
· 	FILE NOW: FEE IS \$61.25				Florida Depart	ment of S	
10.	OFFICERS AND	Trust Fund		Added to Fees			State 
10. TITLE	OFFICERS AND	Trust Fund	Contribution.	Added to Fees	Florida Depart		State 
10. TITLE NAME	OFFICERS AND PD WAGNER, MARIA L	Trust Fund	Contribution.   11.  TITLE  NAME	Added to Fees	Florida Depart	ECTORS IN	State
10. TITLE NAME STREET ADDRESS	OFFICERS AND PD WAGNER, MARIA L 3371 NW 22 STREET	Trust Fund	TITLE NAME STREET ADDRESS	Added to Fees	Florida Depart	ECTORS IN	State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD WAGNER, MARIA L 3371 NW 22 STREET COCONUT CREEK FL 33066	Trust Fund  DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees	Florida Depart	ECTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PD WAGNER, MARIA L 3371 NW 22 STREET COCONUT CREEK FL 33066 C	Trust Fund	TITLE NAME STREET ADDRESS	Added to Fees	Florida Depart	ECTORS IN	State
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PD WAGNER, MARIA L 3371 NW 22 STREET COCONUT CREEK FL 33066 C GIRALDO, GILBERTO	Trust Fund  DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	Florida Depart	ECTORS IN	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PD WAGNER, MARIA L 3371 NW 22 STREET COCONUT CREEK FL 33066 C	Trust Fund  DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida Depart	ECTORS IN	10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS AND  PD WAGNER, MARIA L 3371 NW 22 STREET COCONUT CREEK FL 33066 C GIRALDO, GILBERTO 3371 NW 22 STREET COCONUT CREEK FL 33066 TD  ORFELISN, CARDENAS	Trust Fund  DIRECTORS  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees	Florida Departi	ECTORS IN Change	10 Addition
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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 regeiver 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 attach next with an address, with all other like empowered.

**SIGNATURE** 

week was

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May 05, 2003 8:00 am § Secretary of State

05-05-2003 90119 027 \*\*\*\*61.25

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