

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90312 003 ****61.25

DOCUMENT # N96000000679

1. Entity Name

ASOCIACION CULTURAL URUGUAYA DE WEST PALM BEACH, INC.



Principal Place of Business

**2425 10TH AVE NORTH
LAKE WORTH FL 33461
US**

Mailing Address

**PO BOX 16318
WEST PALM BEACH FL 33416
US**

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 **65-0691766**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARBOZA, LILIA
1561 WOOD BRIDGE LAKES CR.
WEST PALM BEACH FL 33406**

7. Name and Address of New Registered Agent

Name **JESUS VEGA**

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

4796 ESEDRA COURT

City **LAKE WORTH**

FL

Zip Code
33467

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-26-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CARMONA, WALTER**
STREET ADDRESS **9059 WINDING WOOD DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☒ Change ☒ Addition
NAME **NORMA CARMONA**
STREET ADDRESS **9059 WINDING WOOD DRIVE**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **D** ☒ Delete
NAME **ELIZALDE, MIRA**
STREET ADDRESS **1640 FORESTLAKE CR. #C**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE **D** ☒ Change ☐ Addition
NAME **JESUS VEGA**
STREET ADDRESS **4796 ESEDRA COURT**
CITY-ST-ZIP **LAKE WORTH, FL, 33467**

TITLE **D** ☐ Delete
NAME **LIZCANO, JULIO**
STREET ADDRESS **350 53RD DRIVE N.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **D** ☒ Change ☐ Addition
NAME **PERLOS DATENA**
STREET ADDRESS **4230 KEN ST**
CITY-ST-ZIP **LAKE WORTH, FL 33406**

TITLE **PD** ☒ Delete
NAME **PROVENZA, INOCENIO**
STREET ADDRESS **350 53 DRIVE N.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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

TITLE **VPD** ☒ Delete
NAME **OTEGUI, RUBEN**
STREET ADDRESS **423 FOURTH LANE**
CITY-ST-ZIP **GREENACRES FL 33463**

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

TITLE **TD** ☐ Delete
NAME **PAMPILLON, SONIA**
STREET ADDRESS **5017 EL CLARO CIR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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)(l), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-26-03 5612528601

CR2E037 (10/02)