2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State
02-02-2001 90253 022 ****61.25

DOCUMENT # N97000003872

1. Entity Name

ORGANIZACION CULTURAL CHILENA OF PALM BEACH, INC

Principal Place of Business	Mailing Address
P O BOX 19113 WEST PALM BEACH FL 33416 US	P O BOX 19113 WEST PALM BEACH FL 33416 US

[redacted]

DO NOT WRITE IN THIS SPACE

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 65-0850149 ☐ 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
LOPEZ, LUIS A 3813 SOLID LUPINE CT LAKE WORTH FL 33463	Name: MARIA E. LOPEZ. Street Address (P.O. Box Number is Not Acceptable): 817 MANGO DR. City: W.P.B. FL Zip Code: 33415

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BAHAMONDES, ROBERTO 7694 HAVERHILL RD EXT LAKEWORTH FL 33463	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President MARIA GUANA LOPEZ 817 MANGO DR. W.P.B FL 33415	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOPEZ, MARIA E 817 MANGO DR W.PALM BCH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURE PATRICIA YUTRONIC 4942 Pine Knott Lane W.P.B FL 33415	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LOPEZ, MARCELA 5813 WILD LUPINE CT WEST PALM BEACH FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SERGIO GAJARDO SECRETARY 6106-7 SHEEWOOD GLEN WAY W.P.B FL 33415	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALARCON, JESSICA 1322 PINE CR GREEN ACRES FL 33463	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LUIS A. LOPEZ DIRECTOR 5813 WILD LUPINE CT WEST PALM Beach FL 33415	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ALARCON, JORGE 831 JAMAICAN DR WEST PALM BEACH FL 33415	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FILAE MOERDA DIRECTOR 422 PINE CIRCLE W.P.B FL 33463.	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOPEZ, LUIS A 5813 WILD LUPINE CT WEST PALM BEACH FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DANIEL LUCERO VICE-PRESIDENT 779 COTTON BAY DR W. #112 WEST PALM B. FL 33406	☐ Change ☑ Addition

CR2E037 (10/00)

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

SIGNATURE: Maria E. Lopez REQUIRED 56-966-0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #