

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 18, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000007111**

1. Entity Name

"PERU-INKA" CULTURAL ASSOCIATION, INC.

Principal Place of Business  
10619 W. ATLANTIC BLVD.  
PMB #123  
CORAL SPRINGS FL 33071

Mailing Address  
10619 W. ATLANTIC BLVD.  
PMB #123  
CORAL SPRINGS FL 33071

2. Principal Place of Business  
1510 LAKEVIEW CIRCLE

3. Mailing Address  
80 N RIVERSIDE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
PO BOX 771645

City & State  
CORAL SPRINGS FL

City & State  
CORAL SPRINGS FL

4. FEI Number  
**65-0809746**

Applied For  
Not Applicable

Zip Country  
33071 US

Zip Country  
33077 US

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BALTRAN FERNANDO  
9605 N.W. 28TH COURT  
  
CORAL SPRINGS FL 33065 US

7. Name and Address of New Registered Agent

Name  
LOPEZ MARCOS A  
Street Address (P.O. Box Number is Not Acceptable)  
1510 LAKEVIEW CIRCLE  
  
City  
CORAL SPRINGS FL Zip Code  
33071

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 **MARCOS A LOPEZ** 02/18/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Marcos A Lopez D 02/18/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)