

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001339

1. Entity Name

CIRCULO DE PERIODISTAS Y ESCRITORES DEL CONDADO

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90090 003 ****61.25

Principal Place of Business

Mailing Address

833 COLONIAL ROAD
WEST PALM BEACH FL 33405

833 COLONIAL ROAD
WEST PALM BEACH FL 33405-3905

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

65-0833015

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

GALLEGO, ALMA
833 COLONIAL ROAD
WEST PALM BEACH FL 33405

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
PD	GALLEGO, ALMA	893 COLONIAL ROAD	WEST PALM BEACH FL 33405	<input checked="" type="checkbox"/>
VPD	HERNANDEZ, EDUARDO	P O BOX 1441	BOCA RATON FL 33429	<input checked="" type="checkbox"/>
TD	TORRES, MIKE	2345 TALLAHASSEE DRIVE	WEST PALM BEACH FL 33409	<input checked="" type="checkbox"/>
SD	OSPINA, ALONSO	769 DOFFODIEL DRIVE	WEST PALM BEACH FL 33414	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PD	RUIZ Helman	1610 Royal Forest circle	West Palm Beach, FL 33406	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Gallego Alma	833 Colonial Rd	WPB, FL 33405	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Betancourt Eusebio	347 orange way	WPB, FL 33405	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Gallego ALMA	833 Colonial Rd	WPB, FL 33405	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)