

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001993

1. Entity Name

ESTAMPAS PERUANAS SOCIAL-CULTURAL ORGANIZATION O

Principal Place of Business

2700 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33409

Mailing Address

2700 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33409-4010

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

65-0857102

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

RIVERA, PEDRO  
2700 OKEECHOBEE BLVD  
WEST PALM BEACH FL 33409

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MONTANEZ, CARLOS A	
STREET ADDRESS	327 N FEDERAL HWY	
CITY-ST-ZIP	LAKE WORTH FL 33460	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RIVERA, PEDRO	
STREET ADDRESS	2700 OKEECHOBEE BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GIANNELLA, CESAR	
STREET ADDRESS	851 GARDENIA DR	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MENDOZA, ZOILA	
STREET ADDRESS	1332 WYNDCLIFF DR	
CITY-ST-ZIP	WELLINGTON FL 33414	
TITLE	PRT	<input checked="" type="checkbox"/> Delete
NAME	RIVERA, NANCY	
STREET ADDRESS	2300 PARKER AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VT	<input type="checkbox"/> Delete
NAME	HOYLE, SERGIO	
STREET ADDRESS	6774 S CONGRESS	
CITY-ST-ZIP	LANTANA FL 33460	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE FERNANDINI	
STREET ADDRESS	77 CEDAR CR.	
CITY-ST-ZIP	BOULTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERANO ROSA	
STREET ADDRESS	5924 LONG BOW LN AP-7.	
CITY-ST-ZIP	WPB, FL 33415	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERANO LUIS	
STREET ADDRESS	5924 LONG BOW LN. AP. 7	
CITY-ST-ZIP	WPB, FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 #

FILED  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90096 041 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4/26/00

561-683-1222