2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001993

1. Entity Name

ESTAMPAS PERUANAS SOCIAL-CULTURAL ORGANIZATION O F PALM BEACH COUNTY, INC.

Principal Place of Business 1332 WYNDCLIFF DR

Mailing Address

1332 WYNDCLIFF DR WELLINGTON FL 33414 WELLINGTON FL 33414

2. Principal Place of Business DR 33 414	3. Mailing Address POROX 6214	W. P. Beach Fla	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	33405	
City & State	City & State		-

FILED Sep 16, 2002 8:00 am Secretary of State

09-16-2002 90107 002 ****70.00



Suite, Apt. #, etc. 334					3405	DO NOT WRITE IN THIS SPACE					
City & State C			ity & State		4. FEI Number 65-0857102			Applied For Not Applicable			
Zip		Country	Zip		Country		5. Certificate of Sta	itus Desired	\$8.75 A	dditional	
	6Name	and Address of Curren	t Registere	d-Agent~~~			7. Name and Addr	ess of New Registere	ed Agent		
					Na	Name					
MENDOZA, ŽOILA 1332 WYNDQLIFF DR					Stre	Street Address (P.O. Box Number is Not Acceptable)					
	FON FL 334				1						
WELLING	ION FL 334	14			City	/		F	Zip Co	ide	
8. The above the obligation	e named entit tions of regis	y submits this statement i ered agent.	or the purpo	ose of changing its	registered offi	ce or register	red agent, or both, in the	he State of Florida. I a	— I am familiar with	n, and accept	
SIGNATURE	Signatura tunad		and sixty If and								
	Signature, typeo	or printed name of registered ager		icable. (NOTE	E: Registered Agent	signature required	d when reinstating)	DATE	E		
After September 13, 2002, min. will be \$236.25.				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Make Check Payable to Department of State			
10.		OFFICERS AND D	IRECTORS		11,		ADDITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS	N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNAND 1409 BET/ WEST PAI			Delete	TITLE NAME STREET ADOR	OC	LA MENDO 2 WYNDCLI LINGTON		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FELKER, V 205 N LAK			☐ Delete	TITLE NAME STREET ADDR	DT. GIA 352	NELLA, VER 0 S. Ocean C m-Beach, E	ONICA Bevol 302 H	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MENDOZA 1332 WYN			□ Delete	TITLE NAME STREET ADDR CITY-S1-ZIP	DS DELE 133 WE	SADO HUME 2 WYNDCLI LLINGTON	SERTO FF DRIVE FLA 334	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRI CITY-ST-ZIP	ESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS		******		☐ Delete	TITLE NAME STREET ADDRE	-99		- 4.	☐ Change	☐ Addition	

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.

CITY-ST-ZIP

SIGNATURE:

08-14-2002 (561) 7924365