

FILED
Jul 17, 2003 8:00 am
Secretary of State

06-12-2003 90007 014 *****52.50
05-01-2003 90123 043 *****8.75

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N98000001993

1. Entity Name
**ESTAMPAS PERUANAS SOCIAL-CULTURAL ORGANIZATION O
F PALM BEACH COUNTY, INC.**



55051481

Principal Place of Business
**1332 WYNDCLIFF DR
WELLINGTON FL 33414**

Mailing Address
**PO BOX 6214
WEST PALM BEACH FL 33405-**

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

**MENDOZA, ZOLA
1332 WYNDCLIFF DR
WELLINGTON FL 33414**

Name **MENDOZA, ZOLA**
Street Address (P.O. Box Number is Not Acceptable)
1332 WYNDCLIFF DR.
WELLINGTON FL 33414
City **FL** Zip Code **FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Zola Mendoza

4-27-03

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent's signature required when substituting)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
GIANELLA, VERONICA
3520 S OCEAN BLVD 302 H
PALM BEACH FL 33480**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MENDOZA, ZOLA
1332 WYNDCLIFF DRIVE
WELLINGTON FL 33414**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
HUMBERTO, DELGADO
1332 WYNDCLIFF DR
WELLINGTON FL 33414**

☐ Delete

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ 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.

SIGNATURE:

SIGNATURE REQUIRED

Paul S. [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE/TIME

CRCE037 (10/02)