

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

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90140 003 \*\*\*\*61.25

**DOCUMENT # NO1000001286**  
1. Entity Name  
**NUESTRA SRA. DE LA RABIDA-USA AUXILIARY SERVICE, INC.**



Principal Place of Business  
**7809 W. COMMERCIAL BLVD.  
TAMARAC FL 33351**

Mailing Address  
**7809 W. COMMERCIAL BLVD.  
TAMARAC FL 33351**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **65-1081326** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**ABADIE, JUAN PEDRO  
7809 W. COMMERCIAL BLVD.  
TAMARAC FL 33351**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

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

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ABADIE, JUAN PEDRO</b>
STREET ADDRESS	<b>5392 NW 126TH DR.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>GOBER, GEORGE LEWIS</b>
STREET ADDRESS	<b>9426 NW 2ND ST.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL 33071</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MIRA, MIGUEL ANGEL</b>
STREET ADDRESS	<b>PRESIDENTE LUIS SAENA PENA 427, (1110)</b>
CITY-ST-ZIP	<b>BUENOS AIRES, ARGENTINA</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>ROCA, HORACIO M.V. FATHER</b>
STREET ADDRESS	<b>PRESIDENTE LUIS SAENA PENA 427, (1110)</b>
CITY-ST-ZIP	<b>BUENOS AIRES, ARGENTINA</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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 REQUIRED**

**5/6/03** **(24) 726-8866**

CR2E037 (10/02)