

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

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90031 032 ****61.25

DOCUMENT # 741144
1. Entity Name
Accion Redentora Incorporated

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
785 NW 17 Court
Suite, Apt. #, etc.

3. Mailing Address
785 NW 17 Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Miami Florida City & State Miami, Florida 4. FEI Number 741144 Applied For
Not Applicable

Zip 33125 Country U.S.A. Zip 33125 Country U.S.A. 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Heber Suarez
Street Address (P.O. Box Number is Not Acceptable) 785 NW 17 Court
City Miami FL Zip Code 33125

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

**FEE IS \$61.25
Initial or Amended UBR**

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	<u>Presidente</u> <u>Heber Suarez</u> <u>785 NW 17 Ct</u> <u>Miami FL 33125</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice Presidente</u> <u>Bernardo Figueira</u> <u>5411 SW 7 St Miami FL 33143</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretario de Actas</u> <u>Santiago Abreu</u> <u>3711 S.W 87 Court</u> <u>Miami FL 33165</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice Secretario</u> <u>Olga del Rio</u> <u>4845 NW 7 St # 207</u> <u>Miami FL 33125</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Tesorero</u> <u>Jesus Dominguez</u> <u>505 NW 35 Ave</u> <u>Miami, FL 33125</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice Tesorero</u> <u>Diego Chavez</u> <u>2006 S.W. 5 St</u> <u>Miami FL 33135</u>	TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Heber Suarez 04-28-02 305-642-7342
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)