

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90430 046 ****70.00

DOCUMENT # 743650

1. Entity Name

SER-JOBS FOR PROGRESS, INC.

Principal Place of Business

Mailing Address

42 NW 27TH AVE., SUITE 421
 MIAMI FL 33125

42 NW 27TH AVE., SUITE 421
 MIAMI FL 33125

2. Principal Place of Business

42 NW 27th Avenue

3. Mailing Address

Same

Suite, Apt. #, etc.

421

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33125

Country

DADE

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1849595** 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

CELA, JOSE L
4632 NW 94TH COURT
MIAMI FL 33178

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 *Jose L. Cela* **JOSE L. CELA**

JANUARY 8, 2002

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 NAME STREET ADDRESS CITY-ST-ZIP	CD TERRELONGE, RICHARD 16800 SW 82 AVE MIAMI FL 33157	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC LLANO, DANIEL LT 7617 SW 117 AVE MIAMI FL 33183	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JULIA, CARLOS 16855 NE 2ND AVE 4TH FLR NORTH MIAMI BEACH FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERUVIDES, MARCELO 15280 NW 79TH CT #108 MIAMI LAKES FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTS, BARBARA 18301 BISCAYNE BLVD AVENTURA FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, GALE 110 SE 6TH ST #2800 FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER EDUARDO GODON 100 SE 2ND STREET, STE. 2200 MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER FEDERICO COSTALES 665 NORTH SHORE DRIVE MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER GILBERT CARRILLO 2651 SW 109 AVE. DAVIE, FL 33328-1004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER GIL COLON 100 SOUTH BISCAYNE BLVD, 7TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER DR. MARIA RODRIGUEZ 401 NW 42ND AVENUE PLANTATION, FL 33321	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER IVETTE A. MORGAN 8569 SW 115 PLACE, MIAMI, FL 33173	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jose L. Cela

JANUARY 08, 2002 (305) 649-7500 X113