2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# 751295

Entity Name: NEW DIRECTIONS EMPLOYMENT AND TRAINING SERVICES, INC.

Current Principal Place of Business:

5555 BISCAYNE BLVD.
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5555 BISCAYNE BLVD.
MIAMI, FL 33137

New Mailing Address:

FEI Number: 59-1989833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PARRA, GABRIEL
3270 JAVA PLUM AVE.
SUITE 103
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	UPRIGHT, MICHAEL,	
Address:	110 ZAMORA AVENUE	
City-St-Zip:	CORAL GABLES, FL	
Title:	V	( ) Delete
Name:	CROSLIN, BEVERLY,	
Address:	99 NW 183 ST #220	
City-St-Zip:	MIAMI, FL	
Title:	STD	( ) Delete
Name:	WARHAFT, JANET	
Address:	11826 SW 104TH LANE	
City-St-Zip:	MIAMI, FL 33186	
Title:	D	( ) Delete
Name:	PARRA, GABRIEL	
Address:	3270 JAVA PLUM AVE.	
City-St-Zip:	MIRAMAR, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GABRIEL H PARRA D 05/01/2002

Electronic Signature of Signing Officer or Director — Date