

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90068 001 ***183.75

DOCUMENT # F01000003116

1. Entity Name

PASTORAL SUPPORT SERVICES INC.



Principal Place of Business

**584 COLUMBUS AVENUE
THORNWOOD NY 10594**

Mailing Address

**584 COLUMBUS AVENUE
THORNWOOD NY 10594**

00000417



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

590 COLUMBUS AVENUE

Suite, Apt. #, etc.

3. Mailing Address

590 COLUMBUS AVENUE

Suite, Apt. #, etc.

City & State

THORNWOOD NY

City & State

THORNWOOD NY

4. FEI Number **13-4085918**

Applied For

Not Applicable

Zip

10594

Country

U.S.A

Zip

10594

Country

U.S.A

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

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE FL 32301**

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 _____

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	DIAZ-TORRE, EMILIO	
STREET ADDRESS	393 DERBY AVE.	
CITY-ST-ZIP	ORANGE CT 06477	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KUNZE, ELIZABETH	
STREET ADDRESS	60 AUSTIN AVE.	
CITY-ST-ZIP	GREENVILLE RI 02828	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SABADELL, JUAN	
STREET ADDRESS	584 COLUMBUS AVE.	
CITY-ST-ZIP	THORNWOOD NY 10594	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARZA, GABRIELA	
STREET ADDRESS	60 AUSTIN AVE.	
CITY-ST-ZIP	GREENVILLE RI 02828	
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIA OCHOA	
STREET ADDRESS	751 WEST DRAHNER ROAD BDX 167	
CITY-ST-ZIP	OXFORD, MI 48371	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER KIM	
STREET ADDRESS	590 COLUMBUS AVENUE	
CITY-ST-ZIP	THORNWOOD NY 10594	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONICA TREVIÑO	
STREET ADDRESS	60 AUSTIN AVENUE	
CITY-ST-ZIP	GREENVILLE, RI 02828	
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**

1/21/03

(914)773-1368

CR2E037 (10/02)