

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90762 001 *****8.75
 04-28-2002 90762 002 *****61.25

DOCUMENT # F97000000174

1. Entity Name

ATLANTA OUTREACH FOR THE HOMELESS FOUNDATION, IN C.

Principal Place of Business

Mailing Address

**2851 E 8TH AVENUE
 HIALEAH FL 33013
 US**

**P O BOX 133541
 HIALEAH FL 33013**

2. Principal Place of Business

3. Mailing Address

9381 SW 63 Av.

9381 SW 63 Av.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

4. FEI Number

58-2161801

Applied For

Not Applicable

Zip

Country

Zip

Country

33173 U.S.A.

33173 U.S.A.

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

**ANDERSON, DR EASTEBAN
 2851 E. 8TH AVE.
 HIALEAH FL 33013**

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 *Dr. Esteban Anderson*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-02
 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	PD	<input type="checkbox"/> Delete
NAME	ANDERSON, DR. ESTEBAN	
STREET ADDRESS	2851 E. 8TH AVE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ANDERSON, DIONNE	
STREET ADDRESS	2851 E 8TH AVENUE	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	S	<input type="checkbox"/> Delete
NAME	RIVERA, CARMEN	
STREET ADDRESS	9381 SW 63RD STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	PEREZ, NILDA	
STREET ADDRESS	67 SOUTH DRIVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Dr. Esteban Anderson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-02
 Date

Daytime Phone #

CR2E037 (9/01)