

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002699

1. Entity Name

HOME SWEET HOME CHRISTIAN OUTREACH CENTER INC.

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90384 009 ****61.25

Principal Place of Business 1613 S W 67TH AVENUE MIAMI FL 33155	Mailing Address 1613 S W 67TH AVENUE MIAMI FL 33155
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0419130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PADRON, MERCY
2540 S W 64TH AVENUE
MIAMI FL 33155

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME D mercy PADRON, MAERCY STREET ADDRESS 2540 S W 65TH AVENUE CITY-ST-ZIP MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME D VALLE, ROSA STREET ADDRESS 10225 S W 24TH STREET, #122 CITY-ST-ZIP MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME D PEDROSO, JULIO M STREET ADDRESS 10710 S W 67TH TERRACE CITY-ST-ZIP MIAMI FL 33173	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D Valle, Rosa STREET ADDRESS 13149 SW 11 Lane Circle CITY-ST-ZIP Miami, Florida 33184	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: MERCY PADRON 0/05/02 (305) 266-8990
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)