

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90024 048 ****70.00

DOCUMENT # N01000004853

1. Entity Name

VOICES UNITED, INC.

Principal Place of Business

2801 NE 183 ST. APT 1505
 N MIAMI BEACH FL 33160

Mailing Address

2801 NE 183 ST. APT 1505
 N MIAMI BEACH FL 33160

2. Principal Place of Business

N. Miami Beach, FL
 Suite, Apt. #, etc.
2801 NE 183 ST 1505

3. Mailing Address

2801 NE 183 ST
 Suite, Apt. #, etc.
1505



DO NOT WRITE IN THIS SPACE

City & State
N. Miami Beach

City & State
N. Miami Beach

4. FEI Number *65-1126612* Applied For
 Not Applicable

Zip *33160* Country *USA*

Zip *33160* Country *USA*

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

SANCHEZ-ABALLI, RAFAEL
1101 BRICKELL AVE, SUITE 1400
MIAMI FL 33131

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 *RAFAEL Sanchez-Aballi* DATE *Jan 19, 2002*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	CARBALLOSA, COSETTE A	
STREET ADDRESS	2801 NE 183 ST, APT 1505	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANCHEZ, LIANA C	
STREET ADDRESS	2801 NE 183 ST, APT 1505	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRAGA, JUAN	
STREET ADDRESS	2801 NE 183 ST, APT 1505	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
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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: *SIGNATURE OF RAFAEL SANCHEZ-ABALLI, President* DATE: *Jan 19, 2002* 305 792-4281

CR2E037 (9/01)