🖘 2002 UNIFORM BUSINESS REPORT (UBR) FILED May 22, 2002 8:00 am Secretary of State DOCUMENT # N0100007795 1. Entity Name EXTENDED HANDS MINISTRIES, INC. 05-22-2002 90158 033 ****70.00 Mailing Address Principal Place of Business 251 N. 58TH AVE. PO BOX 834641 HOLLYWOOD FL 33083-4641 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 61-1412 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BETANCOURT, RICHARD 251 N. 58TH AVE. HOLLYWOOD FL 33021. Zip Code City FL 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 DATE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change CR2E037 (9/01) ☐ Delete TITLE TITLE Javier Torres BETANCOURT, RICHARD NAME NAME 2394 Powers Dr. STREET ADDRESS STREET ADDRESS 251 N. 58TH AVE. Orlando, FL 32818 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Addition ☐ Change ☐ Delete TITLE TITLE BETANCOURT, MODESTA NAME NAMÉ STREET ADDRESS STREET ADDRESS 251 N. 58TH AVE. NewYork, NY 10002 CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD FL 33021 Addition ☐ Change TITLE Delete TITLE Mary Kivera NAME CARDONA, MARIA NAME 4176 and St. #01504 STREET ADDRESS STREET ADDRESS 509 N. 611H AVE. CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 Change ☐ Addition ☐ Delete TITLE TITLE Maria Del Carman Cardona NAME 509 N. 61th Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2002 954, 423, 5589