

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

FILED

DOCUMENT #NO1000008879

02 SEP 27 PM 1:14

1. Entity Name
Help for the disable national
Foundation, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7225 N.W. 25 th		3. Mailing Address (Same)	
Suite, Apt. #, etc. Suite 205		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33122	Country Dade	Zip	Country

DO NOT WRITE IN THIS SPACE
05/27/02 90494 059 6125

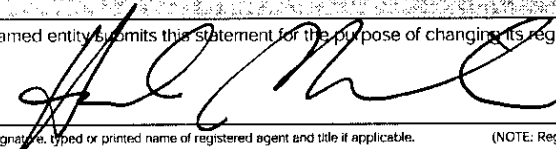
4. FEI Number 26-8002506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Hernando Miranda
Street Address (P.O. Box Number is Not Acceptable) 15840 S.W. 151 Terr.
City Miami FL Zip Code 33196

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 

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	Miranda, Hernando	15840 S.W. 151 Terr.	Miami, FL 33196				
D	Ang P. Berrio	15840 SW 151 Terr.	Miami, FL 33196				
D	Luis C. Orduz	7225 N.W. 25 th St - Ste 300	Miami - FL 33122				
				DO NOT WRITE IN THIS SPACE			

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/25/02

CR2E037B (12/01)