

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90111 046 \*\*\*\*61.25

0078128

**DOCUMENT # N01000008879**

1. Entity Name  
**HELP FOR THE DISABLE NATIONAL FOUNDATION, INC**



Principal Place of Business <b>7225 NW 25TH SUITE 205 MIAMI FL 33122</b>	Mailing Address <b>7225 NW 25TH SUITE 205 MIAMI FL 33122</b>
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2. Principal Place of Business <b>15840 SW 151 TERR. MIAMI, FL 33196</b>	3. Mailing Address <b>15840 SW 151 terrace MIAMI, FL 33196 U.S.A.</b>
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CHECK HERE IF MAKING CHANGES

Zip <b>33196</b>	Country <b>U.S.A.</b>	Zip <b>33196</b>	Country <b>U.S.A.</b>
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4. FEI Number **26-8002506**  
Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MIRANDA, HERNANDO  
15840 SW 151 TERR  
MIAMI FL 33196**

**7. Name and Address of New Registered Agent**

Name **Same**  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **2/28/03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MIRANDA, HERNANDO</b> <b>15840 SW 151 TERR</b> <b>MIAMI FL 33196</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERRIO, ANA</b> <b>15840 SW 151 TERR</b> <b>MIAMI FL 33196</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARAUZ, LUIS</b> <b>15840 SW 151 TERR</b> <b>MIAMI FL 33196</b>	<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 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
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: **2/28/03 (305) 500-9811**

CR2E037 (10/02)