

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90319 023 ****61.25

DOCUMENT # N02000008647

1. Entity Name
HUMAN COMMUNITY SERVICES, INC.



Principal Place of Business

**8325 NE 2ND AVENUE
MIAMI FL 33138**

Mailing Address

**8325 NE 2ND AVENUE
MIAMI FL 33138**

2. Principal Place of Business

8325 NE 2nd AVENUE

Suite, Apt. #, etc.

217

3. Mailing Address

8325 NE 2nd AVENUE

Suite, Apt. #, etc.

217

City & State

MIAMI Florida

City & State

MIAMI FLA

4. FEI Number

02-0651459

Applied For

Not Applicable

Zip

33138

Country

DADE

Zip

33138

Country

DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DAMAS, HUGO
8325 NE 2ND AVENUE
MIAMI FL 33138**

7. Name and Address of New Registered Agent

Name

DAMAS HUGO

Street Address (P.O. Box Number is Not Acceptable)

8325 NE 2nd AVENUE

City

MIAMI

FL

Zip Code

33138

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

HUGO DAMAS

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

(NOTE: Registered Agent signature required when reinstating)

1-3-03

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	D	<input type="checkbox"/> Delete
NAME	DAMAS, HUGO	
STREET ADDRESS	8325 NE 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NELZ JEAN M	
STREET ADDRESS	9645 NW 1ST COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	T	<input type="checkbox"/> Delete
NAME	JEAN, SUZE	
STREET ADDRESS	PO BOX	
CITY-ST-ZIP	WEST HOLLYWOOD FL 33083	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGO DAMAS	
STREET ADDRESS	8325 NE 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S FRANCE M. JOSEPH	
STREET ADDRESS	9645 NW 1st COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN SUZE	
STREET ADDRESS	P.O. BOX	
CITY-ST-ZIP	West Hollywood FL 33083	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED

HUGO DAMAS

1-3-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/0/02)