

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

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90014 043 ****61.25

DOCUMENT # N03000000477

1. Entity Name

HUMAN PROGRESS FOUNDATION CORP.



DO NOT WRITE IN THIS SPACE

14003108

2. Principal Place of Business

13501 SW 128 STREET

3. Mailing Address

13501 SW 128 STREET

Suite, Apt. #, etc.

114

Suite, Apt. #, etc.

114

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

04-3737346

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Spiegel & Utrera, P.A.

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

1840 Coral Way, 4th Floor

City MIAMI

FL

Zip Code 33145

**DO NOT WRITE
IN THIS SPACE**

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME PTD
STREET ADDRESS PARRA, BRUNO H.
CITY-ST-ZIP 13501 SW 128 STREET, suite #114
MIAMI, FLORIDA 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME YD
STREET ADDRESS DE PARRA, BELKIS MIRABOL
CITY-ST-ZIP 13501 SW 128 STREET, suite #114
MIAMI, FLORIDA 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME YD
STREET ADDRESS PARRA, HOMERO A.
CITY-ST-ZIP 13501 SW 128 STREET, suite #114
MIAMI, FLORIDA 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S
STREET ADDRESS YEHIA, ALEXANDRA P.
CITY-ST-ZIP 13501 SW 128 STREET, suite #114
MIAMI, FLORIDA 33186

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**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

HOMERO A. PARRA.

Date

Daytime Phone #

4/8/2004 (305) 9699200

CR2E037B (12/02)

Attachment



Jim Zingale
Executive Director

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services
Information Services

14003108
#140300000477

BUSINESS SURVEY **MANDATORY COMPLETION**

The undersigned agent called on your business and was unable to verify your compliance with Florida Statute(s) 199, 2 and 220. Due to your absence we must ask you to complete this questionnaire. This document should be returned to office **within five (5) working days.**

Business Name: HUMAN PROGRESS FOUNDATION

Business Location: 13501 S.W. 178 ST. SUITE #114

Telephone Number(s) (Business) 305.969.9200 (Home) _____

Owners/Officer's Name: DIL HONERO PARRA How long in Business? 6 months

Sales Tax #: _____ Type of Business Activity Non Profit Org.

Soc. Sec. # _____ F.E.I. # 04-373 7346

U. T. # _____ No. of employees: 5 No. of independent contractors _____

Type of Organization: ☐ Corporation ☐ Individual ☐ Partnership ☒ Other ☐ Professional

LANDLORD INFORMATION: (If property owned, as it appears on the county Tax Records)

Landlord's Name: STEVEN HERBIT

Address 13501 S.W. 178 ST. #115 State: FL Zip: 33186 Phone # _____

Sales tax # _____ Sq. Footage _____ Sub. Leasing? _____

How long at this location _____ Monthly Rent \$ _____

QUESTIONNAIRE

- | | | |
|---|-----|-------------------------------------|
| 1. Do you sell motor vehicle tires?..... | Yes | <input checked="" type="radio"/> No |
| 2. Do you sell batteries?..... | Yes | <input checked="" type="radio"/> No |
| 3. Do you have any exempt sales?..... | Yes | <input checked="" type="radio"/> No |
| 4. Do you pay taxes to your suppliers?..... | Yes | No |
| 5. Do you own your equipment?..... | Yes | No |
| 5. Do you rent/lease your equipment?..... | Yes | No |

INFORMATION PROVIDED BY: JACKIE THOMAS

JANET ACOSTA

Agent

Email- acostaj@dor.state.fl.us

Tel.: (305) 499-2203 (with voice mail) Fax: (305) 470-6782

Department of Revenue, 8175 NW 12th Street, Suite 418, Miami, Florida 33126-1809

Attachment
14063108
#N03060000477

Form **SS-4**

(Rev. December 2001)
Department of the Treasury
Internal Revenue Service

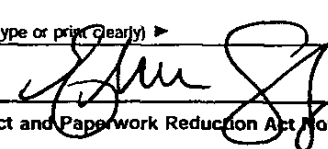
Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN **04-3737346**

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested HUMAN PROGRESS FOUNDATION CORP.		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name Alexandra Parra Yehia, Secretary
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 13951 Southwest 122nd Avenue, Suite 204		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code Miami, Florida 33186		5b City, state, and ZIP code
	6 County and state where principal business is located Miami-Dade County, Florida		
	7a Name of principal officer, general partner, grantor, owner, or trustor Alexandra Parra Yehia, Secretary		7b SSN, ITIN, or EIN 179-62-3403
8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input checked="" type="checkbox"/> Other nonprofit organization (specify) ▶ Non-Profit <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State Florida	Foreign country
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) 01/21/03		11 Closing month of accounting year December	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) 01/21/03			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-."			Agricultural 1
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) Developmental Programs for Children <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. Developmental Programs for Children			
16a Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			
Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) ()
	Address and ZIP code		Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶		ELSIE SANCHEZ, Treasurer	
Signature ▶ 		Date ▶ 2/3/03	
		Applicant's telephone number (include area code) (305) 857-3700	