

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90060 025 ****70.00

DOCUMENT # N18033

1. Entity Name

HOGAR PRESBITERIANO SALVADOS PARA SERVIR, INC.

Principal Place of Business

Mailing Address

**2480 N.W. 7TH STREET
 MIAMI FL 33125**

**2480 N.W. 7TH STREET
 MIAMI FL 33125-3135**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2839701

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUAREZ, RODOLFO
 3810 ALHAMBRA CIRCLE
 CORAL GABLES FL 33134**

Name

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARTINEZ, ALEIDA	
STREET ADDRESS	1357 W. 83RD STREET	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SOSA, MARIA G	
STREET ADDRESS	9650 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33126	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CRUZ, ISABEL	
STREET ADDRESS	2852 SW 1 STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUAREZ, RODOLFO	
STREET ADDRESS	3810 ALHAMBRA CIRCLE	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEJERA, ANGEL	
STREET ADDRESS	6805 SW 139 PLACE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PADILLA, ENEIDA	
STREET ADDRESS	421 WREN AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENEIDA PADILLA	
STREET ADDRESS	421 WREN AVE	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIA SOSA	
STREET ADDRESS	9650 FOUNTAINBLEAU BLVD	
CITY-ST-ZIP	MIAMI FL 33126	

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)