

2001 UNIFORM BUSINESS REPORT (UBR)

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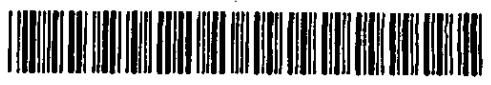
FILED
May 23, 2001 8:00 am
Secretary of State

04-30-2001 90376 009 ****61.25

DOCUMENT # N18033
 1. Entity Name
HOGAR PRESBITERIANO SALVADOS PARA SERVIR, INC.

Principal Place of Business 2480 N.W. 7TH STREET MIAMI FL 33125	Mailing Address 2480 N.W. 7TH STREET MIAMI FL 33125
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2839701	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SUAREZ, RODOLFO
3810 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 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 *Rodolfo Suarez* (Rodolfo SUAREZ) DATE 4/21/01
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD MARTINEZ, ALEIDA 1357 W. 83RD STREET HIALEAH FL 33014	
SD PADILLA, ENEIDA 421 WREN AVE. MIAMI FL 33168	<input type="checkbox"/> Delete
DT CRUZ, ISABEL 2852 SW 1 STREET MIAMI FL 33135	<input type="checkbox"/> Delete
D SUAREZ, RODOLFO 3810 ALHAMBRA CIRCLE CORAL GABLES FL 33134	<input type="checkbox"/> Delete
D TEJERA, ANGEL 6805 SW 139 PLACE MIAMI FL 33183	<input type="checkbox"/> Delete
D SOSA, MARIA 9650 FOUNTAIN BLEAU BLVD. MIAMI FL 33128	<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

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Aleida Martinez* **SIGNATURE REQUIRED** 5-18-01 305-821-8619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

(Aleida Martinez)