

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90269 002 ****61.25

0020487

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	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2839701		Applied For
		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 _____ (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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **2/22/02**

CR2E037 (9/01)