2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N48368

FILED Mar 07, 2002 8:00 AM Secretary of State

Entity Name: THE CENTER FOR MINORITY HUMAN SERVICES PROVIDERS, INC.

Current Principal Place of Business: New Principal Place of Business: 301 BROADWAY PORT EXECUTIVE PLAZA, SUITE 300 LAKE PARK, FL 33403 LIS RIVIERA BEACH, FL 33404 **New Mailing Address: Current Mailing Address:** 174 THORNTON DR PALM BCH GDNS, FL 33418 US FEI Number: 65-0395588 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GIBBONS, ELSA 174 THORNTON DR PALM BCH GDNS, FL 33418 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition CALSADO, ENRIQUE CALSADO, ERIC Name: Name: 1816 URANO TER. Address: 1816 URANO TERRACE Address: City-St-Zip: LAKE PARK, FL 33403 City-St-Zip: LAKE PARK, FL 33403 Title: Title: (X) Change () Addition () Delete PENA, MELVA Name: PENA, MELVA Name: Address: 301 BROADWAY STE300 Address: 500 US1 City-St-Zip: RIVIERA BEACH, FL 33404 City-St-Zip: LAKE PARK, FL 33404 Title: () Delete Title: () Change () Addition SMITH, OLGA M.D. Name: Name: 174 THORTON DR. Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SAYAS, MERCEDES Name: RUIZ, HELMAN 1711 HARMONY ST. Address: Address: 500 US1 City-St-Zip: ROYAL PALM, FL City-St-Zip: LAKE PARK, FL 33043 Title: () Delete Title: (X) Change () Addition PRIM, DEE GONZALEZ, EDMOND Name: Name: 1601 36 CIR 500 US1 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: LAKE PARK, FL 33403 Title: () Delete Title: () Change () Addition GIBBONS FLSA Name: Name: Address: 174 THORNTON DRIVE Address: PALM BEACH GARDENS, FL 33418 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSA GIBBONS CEO 03/07/2002