## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **N92000000459**

## THE NEHEMIAH PROJECT OF HOMESTEAD, INC.

Mailing Address

FILICIPALFIA	ce or ausiness	iviaiiin	Mailing Address								
30695 SW 162 Homestead			30696 SW 162ND AVE HOMESTEAD FL 33033								
								Mara 11861 \$866 A8	 	IIN BBNA BIBAL B	
2. Principal Place of Business 3			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te	Cit	City & State				4. FEI Number Applied For				
							65-0389868				ot Applicable
Zip	Zip Country Z			Count	try	5. Certificate of State			ď	<b>\$8.75</b> Ad	
· · ·	6. Name and Address of Curren	ıt Registere	d Agent	<u> </u>	° ~ <del>_</del> ,	<u>ت</u> اک - ٠٠. 7	<u>ಿಸ್ಟ್ ಸ್ಟ್</u> 7. Name and Add	ress of New	Registered	_Fee_Require	ed
v	79	3		<u>}</u>	Name	<u> </u>	TT Hamo and Ad		negistered	Agent	
AUDED & BUOCELL					Street Address (P.O. Box Number is Not Acceptable)						
SHREEVE, RUSSELL L 48 NE 111TH ST.				-	offeet Address (F.O. Box Number is Not Acceptable)						
MIAMI SHORES FL 33161											
					City FL Zip Code						le
8. The above	e named entity submits this statement f	for the nurn	ose of changing its	registered	office or rec	ristored	Lagent or both in	the state of F		<b>-</b>	
	The state of the s	ioi tilo parpi	ode of changing its i	registered	onice or reg	y is it is co	agent, or both, in	the state of the	iorida.		
1											
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if appl	licable. (NOTE:	: Registered A	gent signature re	equired wh	en reinstation)		DATE		
			(10.1			oquico mi	or roadiasing)				
			9. Election Cam	naion Fina	encina	¢	E 00 M D-	NA.	aka Char	k Payable	to
FILE NOW: FEE IS \$61.25			S. Election Campaign Financing Trust Fund Contribution.				<b>5.00</b> May Be dded to Fees			nt of State	
				_							
10.	OFFICERS AND DI	IRECTORS		11.		ADI	DITIONS/CHANG	ES TO OFFICI	ER\$ AND DI		
TITLE NAME	FERNANDEZ, EMILIO		☐ Delete	TITLE NAME						☐ Change	☐ Addition
STREET ADDRESS	416 BIANCA AVE			1	ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL 33146			CITY-ST	ī ī						
TITLE	M		☐ Delete	TITLE	-					☐ Change	☐ Addition
NAME	AZAN, LUIS			NAME							
STREET ADDRESS	2701 SEQUOVIA ST			STREET	ADDRESS						
CITY-ST-ZIP	CORAL GABLES FL			: CITY-ST	-ZIP		<del></del>	ينې په نیم		. سمایج	
TITLE	TD		☐ Delete	TITLE						☐ Change	☐ Addition
NAME	SHREEVE, RUSSELL			NAME							
STREET ADDRESS CITY-ST-ZIP	48 NE 111TH ST.		**		ADDRESS .						Ì
	MIAMI SHORES FL 33161			CITY-ST	- ZIP						
TITLE	SD ALEAU DEVES MADIA		☐ Delete	TITLE						Change	☐ Addition
name Street address	ALFAU-REYES, MARIA			NAME							}
CITY-ST-ZIP	888 NE 30TH ST. MIAMI FL 33137			STREET /							
TITLE	MIAMI FL 3313/		C 8.44	_	-20						
NAME			Delete	TITLE NAME						☐ Change	☐ Addition
STREET ADDRESS				STREET A	ADDRESS						
CITY-ST-ZIP				CITY-ST							}
TITLE			☐ Delete	TITLE			···			☐ Change	Addition
NAME				NAME						onengo	
STREET ADDRESS				STREET A	DORESS					_	_

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

WARED INSED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3052455885

**FILED** 

May 10, 2002 8:00 am Secretary of State 05-10-2002 90007 041 \*\*\*\*70.00