

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90066 042 ****61.25

0038411

DOCUMENT # N93000000580

1. Entity Name

FRIENDS FOR EL SALVADOR INC.

Principal Place of Business

Mailing Address

~~701 BRICKELL AVE
 #2000
 MIAMI FL 33131
 US~~

~~701 BRICKELL AVE
 #2000
 MIAMI FL 33131
 US~~

2. Principal Place of Business

3. Mailing Address

80 S.W. 8TH ST.

80 S.W. 8TH ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 3100

SUITE 3100

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33130

USA

33130

USA

4. FEI Number

65-0398665

Applied For

Not Applicable

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

Name

GEORGE BEFELER

Street Address (P.O. Box Number is Not Acceptable)

80 S.W. 8TH STREET

SUITE 3100

City

MIAMI

FL

Zip Code

33130

~~BEFELER, GEORGE
 701 BRICKELL AVENUE
 #2000
 MIAMI FL 33131~~

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	ALVAREZ, ERNESTO	
STREET ADDRESS	580 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEFELER, GEORGE	
STREET ADDRESS	701 BRICKELL AVENUE #2000	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DAUBER, CAROL	
STREET ADDRESS	225 EAST 73RD STREET	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANNY, MARIA ELENA	
STREET ADDRESS	96 ALGONQUIN RD	
CITY-ST-ZIP	BRONXVILLE NY 10710	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOLER, ANA V	
STREET ADDRESS	200 E. 65TH ST. APT. 20FG	
CITY-ST-ZIP	NEW YORK NY 10021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	580 Park Ave	
CITY-ST-ZIP	New York, NY 10021	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	80 S.W. 8TH ST, SUITE 3100	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	225 E 73rd St.	
CITY-ST-ZIP	New York, NY 10021	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	96 Algonquin Rd.	
CITY-ST-ZIP	Yonkers, NY 10740	
TITLE	Vice-president	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200 E 65th St - Apt. 20FG	
CITY-ST-ZIP	New York, NY 10021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED

4/8/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANA SOLER

Date

Daytime Phone #

CR2E037 (10/00)