

2001 UNIFORM BUSINESS REPORT (UBR)

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

0038411

DOCUMENT # N93000000580

1. Entity Name
FRIENDS FOR EL SALVADOR INC.

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

Principal Place of Business 701 BRICKELL AVE #2000 MIAMI FL 33131 US	Mailing Address 701 BRICKELL AVE #2000 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 80 S.W. 8TH ST. Suite, Apt. #, etc. SUITE 3100 City & State MIAMI, FL Zip 33130 Country USA	3. Mailing Address 80 S.W. 8TH ST. Suite, Apt. #, etc. SUITE 3100 City & State MIAMI, FL Zip 33130 Country USA
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4. FEI Number 65-0398665	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
**BEFELER, GEORGE
 701 BRICKELL AVENUE
 #2000
 MIAMI FL 33131**

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**

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 DATE **4/10/01**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 530 Park Lane New York, NY 10021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	80 S.W. 8TH ST, SUITE 3100 MIAMI, FL 33130 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary 225 E 73rd St. New York, NY 10021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer 96 Algonquin Rd. Yonkers, NY 10740 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-president 200 E 65th St - Apt. 20FG New York, NY 10021 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **4/8/01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **ANA SOLER** Date Daytime Phone #

CR2E037 (10/00)