

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90082 018 ****61.25

DOCUMENT # N93000000580

1. Entity Name

FRIENDS FOR EL SALVADOR INC.

Principal Place of Business

Mailing Address

**80 SW 8TH ST SUITE 3100
 MIAMI FL 33130
 US**

**80 SW 8TH ST SUITE 3100
 MIAMI FL 33130
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**BEFELER, GEORGE
 80 SW 8TH ST SUITE 3100
 MIAMI FL 33130**

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 _____

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	80 SW 8TH ST SUITE 3100	
CITY-ST-ZIP	MIAMI FL 33130	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
GEORGE BEFELER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/02

(305) 536-8856

Date

Daytime Phone #

CR2E037 (9/01)