

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90231 043 \*\*\*\*70.00

**DOCUMENT # N94000005704**

1. Entity Name

**FELLOWSHIP HOUSE EMPLOYMENT SERVICES, INC.**

Principal Place of Business <b>5711 SOUTH DIXIE HIGHWAY SOUTH MIAMI FL 33143</b>	Mailing Address <b>5711 SOUTH DIXIE HIGHWAY SOUTH MIAMI FL 33143</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0539118</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

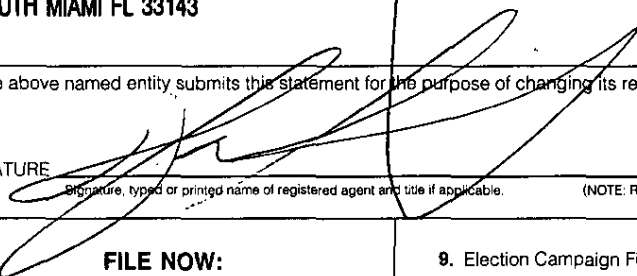
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**SANTANA, PUBLIO M  
5711 SOUTH DIXIE HIGHWAY  
SOUTH MIAMI FL 33143**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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  **President/CEO** 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	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>SANTANA, PUBLIO M</b>	
STREET ADDRESS	<b>5711 S DIXIE HWY</b>	
CITY-ST-ZIP	<b>MIAMI FL 33143</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>OLLER, VIRAMA</b>	
STREET ADDRESS	<b>5711 SOUTH DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>SOUTH MIAMI-FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>SCHWARTZ, CINDY A</b>	
STREET ADDRESS	<b>5711 SOUTH DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33143</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SUTTON, CHRISTINE</b>	
STREET ADDRESS	<b>5711 SOUTH DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>SOUTH MIAMI FL 33143</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARY MATOS-LACASA</b>	
STREET ADDRESS	<b>5711 South Dixie Highway</b>	
CITY-ST-ZIP	<b>South Miami, FL</b>	
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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)