

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90091 022 \*\*\*\*\*61.25

**DOCUMENT # N98000006967**

1. Entity Name

**HONDURAS RELIEF EFFORTS, INC.**



Principal Place of Business

3180 LAKE GEORGE COVE DR.  
ORLANDO FL 32812

Mailing Address

3180 LAKE GEORGE COVE DR.  
ORLANDO FL 32812

2. Principal Place of Business

3101 McEWAN LANE

3. Mailing Address

3101 McEWAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number **54-3547606**

Applied For

Not Applicable

Zip

32812

Country

ORANGE

Zip

32812

Country

ORANGE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ADAMS, NINA  
3180 LAKE GEORGE COVE DR.  
ORLANDO FL 32812

7. Name and Address of New Registered Agent

Name **NINA ADAMS**

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

3101 McEWAN LANE

City

ORLANDO

FL

Zip Code

32812

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Nina Adams*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

3/1/03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
NAME **CHACON, JOSE ERNESTO**  
STREET ADDRESS **3101 MCEWAN LANE**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **VPD** ☐ Delete  
NAME **ADAMS, ANNA MARIA**  
STREET ADDRESS **3180 LAKE GEORGE COVE DR.**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **SD** ☐ Delete  
NAME **BRÓCATO, FRANCISCO**  
STREET ADDRESS **3413 JON JON DR.**  
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 (10/02)