

2000 UNIFORM BUSINESS REPORT (UBR)

5

DOCUMENT # N99000000816

1. Entity Name

HONDURAS-LEMPIRA-EBEN-EZER FOUNDATION, INC.

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-17-2000 90866 035 ****61.25

Principal Place of Business

Mailing Address

1790 N.E. 117 ROAD APT. 103
NORTH MIAMI FL 33181

1790 N.E. 117 ROAD APT. 103
NORTH MIAMI FL 33181-3021

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

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GUEVARA, GLORIA
159 E. FLAGLER STREET
MIAMI FL 33131

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 renewing)

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	<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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	Director (President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADOLFO VARGAS	
STREET ADDRESS	1790 N.E. 117 ROAD APT 103	
CITY-ST-ZIP	N. M. FL. 33181	
TITLE	Director (Vice-President)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSGE A. SIERRA	
STREET ADDRESS	1790 N.E. 117 ROAD APT 103	
CITY-ST-ZIP	N. M. FL. 33181	
TITLE	Director (Secretary)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA GUEVARA	
STREET ADDRESS	874 S.W. 1ST	
CITY-ST-ZIP	MIAMI FL. 33130	
TITLE	Director (Treasurer)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NERY PINEDA	
STREET ADDRESS	4209 EAST 9TH COURT	
CITY-ST-ZIP	HALEAH FL. 33013	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSCAR MEJIA	
STREET ADDRESS	13707 SW. 66ST #C-109	
CITY-ST-ZIP	MIAMI FL. 33183	
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)(b), 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:

ADOLFO VARGAS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/00
Date

305-893-7863
Daytime Phone #

CR2E037 (9/99)