

**2000 UNIFORM BUSINESS REPORT (UBR)**

5

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

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

**DOCUMENT # N99000000816**

1. Entity Name

**HONDURAS-LEMPIRA-EBEN-EZER FOUNDATION, INC.**

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

6. 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 reappointing)

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	

CR2E037 (9/99)

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 **4/15/00** **305-893-7863**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #