

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90021 022 ****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

09076429



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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	VARGAS, ADOLFO	
STREET ADDRESS	1790 NE 117 ROAD, APT 103	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SIERRA, JORGE A	
STREET ADDRESS	1790 NE 117 ROAD, APT 103	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	DS	<input type="checkbox"/> Delete
NAME	GUEVARA, GLORIA	
STREET ADDRESS	874 SW 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PINEDA, NERY	
STREET ADDRESS	4209 EAST 9TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEJIA, OSCAR	
STREET ADDRESS	13707 SW 66TH STREET, C-109	
CITY-ST-ZIP	MIAMI FL 33183	
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		
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: ADOLFO VARGAS 9/6/01 305-893-7863

CR2E037 (5/01)