

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90041 022 \*\*\*\*61.25

0030156

**DOCUMENT # N99000000816**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

**11026829**



CHECK HERE IF MAKING CHANGES

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **VARGAS, ADOLFO**  
STREET ADDRESS **1790 NE 117 ROAD, APT 103**  
CITY-ST-ZIP **MIAMI FL 33181**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DVP**  Delete  
NAME **SIERRA, JORGE A**  
STREET ADDRESS **1790 NE 117 ROAD, APT 103**  
CITY-ST-ZIP **MIAMI FL 33181**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS**  Delete  
NAME **GUEVARA, GLORIA**  
STREET ADDRESS **874 SW 1ST STREET**  
CITY-ST-ZIP **MIAMI FL 33130**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DT**  Delete  
NAME **PINEDA, NERY**  
STREET ADDRESS **4209 EAST 9TH COURT**  
CITY-ST-ZIP **HIALEAH FL 33013**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **MEJIA, OSCAR**  
STREET ADDRESS **13707 SW 66TH STREET, C-109**  
CITY-ST-ZIP **MIAMI FL 33183**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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: **REQUIRED Adolfo VARGAS 4/1/03 305-893-7863**

CR2E037 (10/02)