

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005056

1. Entity Name

HUMANITARIAN UNIVERSAL CONNEXIONS, INC.

Principal Place of Business

2712 CHARLESTON CT.
TALLAHASSEE FL 32308

Mailing Address

2712 CHARLESTON CT.
TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3622051

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

HERON, TERESA M
2712 CHARLESTON CT.
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

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

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

TITLE PD
NAME APPLEGATE, LIGIA M
STREET ADDRESS 3428 CLIFFDEN DR
CITY-ST-ZIP TALLAHASSEE FL 32308

Delete

TITLE VP
NAME PENA, ANA M
STREET ADDRESS 2151 FALLBROOKE CT
CITY-ST-ZIP TALLAHASSEE FL 32308

Delete

TITLE SD
NAME TERESA, HERON M
STREET ADDRESS 2712 CHARLESTON CT
CITY-ST-ZIP TALLAHASSEE FL 32308

Delete

TITLE TD
NAME GRAHAM, BEATRIZ
STREET ADDRESS 3329 THOMAS BUTTLER RD
CITY-ST-ZIP TALLAHASSEE FL 32308

Delete

TITLE SA
NAME REYONALDS, JOHN
STREET ADDRESS 3603 DONEGAL DR
CITY-ST-ZIP TALLAHASSEE FL 32308

Delete

TITLE TD
NAME LAGOS, JORGE
STREET ADDRESS 1555 DELANEY DR APT 1223
CITY-ST-ZIP TALLAHASSEE FL 32308

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

32309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Managing Director (MD) Change Addition
Rosa Villamar
Owenby DR
Tallahassee 32309

Change Addition

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.

CR2E037 (9/01)

SIGNATURE: *Serena M. Heron, Secretary*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2002 850/893-4793

Date

Daytime Phone #