

2004 UNIFORM BUSINESS REPORT (UBR) 2003

DOCUMENT # 288654

1. Entity Name

Colonial Ridge Maintenance Corp.

Principal Place of Business Mailing Address

c/o John Porter Accounting Inc

2. Principal Place of Business 3. Mailing Address

1403 W. Boynton Bch Blvd Suite, Apt. #, etc.

9 City & State City & State

Boynton Beach, Fl. 33426 Boynton Beach, Fl. 33426

Zip Country Zip Country

33426 Palm Beach

6. Name and Address of Current Registered Agent
JOHN PORTER ACCOUNTING
1403 W. Boynton Beach Blvd., #9
Boynton Beach, FL 33426

FILED
03 NOV 20 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900024888819
11/20/03--01060--007 **150.00
DO NOT WRITE IN THIS SPACE
REINSTATEMENT 03
59-6181722
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 *John Porter* DATE 11/17/03
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Norman Goldberg		NAME		
STREET ADDRESS	5505 N Ocean Blvd		STREET ADDRESS		
CITY-ST-ZIP	Ocean Ridge, Fl. 33435		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Margaret Valine		NAME		
STREET ADDRESS	5505 N Ocean Blvd		STREET ADDRESS		
CITY-ST-ZIP	Ocean Ridge, Fl. 33435		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Richard Desrochers		NAME		
STREET ADDRESS	5505 N Ocean Blvd		STREET ADDRESS		
CITY-ST-ZIP	Ocean Ridge, Fl. 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Dorothy Knehr		NAME		
STREET ADDRESS	5505 N Ocean Blvd		STREET ADDRESS		
CITY-ST-ZIP	Ocean Ridge, Fl. 33435		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Robert Sidarik		NAME		
STREET ADDRESS	5505 N Ocean Blvd		STREET ADDRESS		
CITY-ST-ZIP	Ocean Ridge, Fl. 33435		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	John Porter		NAME		
STREET ADDRESS	1403 W Boynton Beach Blvd		STREET ADDRESS		
CITY-ST-ZIP	Boynton Beach, Fl. 33426		CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John Porter* DATE 11/17/03 561-752-5994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)

**JOHN PORTER ACCOUNTING
1403 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL. 33426
(561) 752 - 5994 TELEPHONE**

NOVEMBER 18, 2003

TO: FLORIDA DEPT. OF STATE

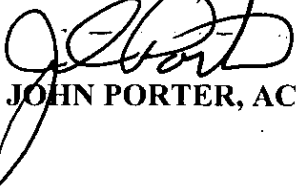
RE: PENALTY ABATEMENT

**TAXPAYER: COLONIAL RIDGE MAINTENANCE CORP.
DOCUMENT # 288654**

RE: 2003 UBR

WE ARE ASKING FOR ABATEMENT OF THE LATE PENALTY. THE ADDRESSES YOU HAVE ON RECORD ARE INCORRECT RESULTING IN THE CORPORATION NEVER RECEIVING THE ORIGINAL UBR REPORT OR THE LATE NOTICES. DUE TO THIS BEING RUN BY HOMEOWNERS WITHOUT A PROPER BUSINESS EDUCATION THEY NEVER REALIZED OR HAD KNOWLEDGE OF THIS REPORT BEING DUE. ENCLOSED IS A UBR REPORT AND A CHECK FOR \$ 150.00. BY CHANGING YOUR RECORDS TO THE CORRECT MAILING I WILL RECEIVE THE REPORT FROM NOW ON AND WE WILL NEVER BE LATE AGAIN. THANKING YOU IN ADVANCE FOR YOUR COOPERATION.

SINCERELY,



JOHN PORTER, ACCOUNTANT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p02000018319**

1. Corporation Name

HELPERCENTRAL CORP.

REINSTATEMENT 03

700024888757
11/20/03--01060--006 -- **150.00

2. Principal Office Address

1340 PENNSYLVANIA AVE.

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI BEACH, FL

Zip

33139

Country

DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

02-0556509

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOSE GUTIERREZ

Street Address (P.O. Box Number is Not Acceptable)

1340 PENN. AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33139

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JOSE GUTIERREZ	1340 PENN. AVENUE	MIAMI BEACH FL. 33139
V.P.	MARIO FREZZA	1340 PENN. AVENUE	MIAMI BEACH FL. 33139

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JOSE GUTIERREZ

11/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brito & Brito Accounting
407 Lincoln Road, Suite 500
Miami Beach, Fl 33139
Corporate Accounting and Business Development
Tel: (305) 534-9292/ Fax: (305) 534-7534
britogeorge@aol.com/britoandbrito@aol.com.

November 12, 2003

*Division of Corp.
Registration Section
P.O. Box 6327
Tallahassee FL 32314*

*RE: Help Central Corp.
1340 Penn Ave.
Miami Beach Fl. 33139
FEI# 02-0556509*

To Whom It May Concern:

Please enclosed fund a check for \$150.00 to reactivate the above taxpayer Corp. Tax payer has never received noticed from the State, to renew taxpayer has submit previously a check to the Division of Corp. for \$150.00. Has never receive notice of activation from the State.

Thank you for your time.

If you have any further questions, please feel free in contacting me at my office, or write to my office.

Best regards,


*George L. Brito
Accounting*