

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90281 036 \*\*\*\*61.25

0035061

**DOCUMENT # 718051**

1. Entity Name

**HERE'S HELP, INC.**

Principal Place of Business

**15100 N.W. 27TH AVENUE  
 OPA LOCKA FL 33054**

Mailing Address

**15100 N.W. 27TH AVENUE  
 OPA LOCKA FL 33054**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1298067**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABRAMSON, HERBERT  
 634 FLAGLER STREET  
 MIAMI FL 33130**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>KROSS, JOHN</b>	
STREET ADDRESS	<b>11000 NW 18TH STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>KANE, STANFORD</b>	
STREET ADDRESS	<b>16235 N.E. 11TH CT..</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MENDEZ, IANACIO</b>	
STREET ADDRESS	<b>14341 ARLINTON PLACE</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33325</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>ABRAMSON, HERBERT W.</b>	
STREET ADDRESS	<b>634 FLAGLER ST</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DELLERSON, RICHARD DR.</b>	
STREET ADDRESS	<b>3401 HOLLYWOOD BLVD</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>310 Ponciana Island Dr.</b>	
CITY-ST-ZIP	<b>Sunny Isles Beach, MB 33160</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D John Lynch</b>	
STREET ADDRESS	<b>427 Coral Way</b>	
CITY-ST-ZIP	<b>MIAMI FL 33134</b>	

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/01 (305) 685-8201**  
 Date Daytime Phone #

CR2E037 (10/00)