

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90056 049 ****61.25

DOCUMENT # 718051

1. Entity Name

HERE'S HELP, INC.

Principal Place of Business

Mailing Address

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

**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

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

**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	TD	<input type="checkbox"/> Delete
NAME	KROSS, JOHN	
STREET ADDRESS	11000 NW 18TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KANE, STANFORD	
STREET ADDRESS	16235 N.E. 11TH CT..	
CITY-ST-ZIP	NORTH MIAMI BEAC FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MENDEZ, IANACIO	
STREET ADDRESS	14341 ARLINTON PLACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33325	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ABRAMSON, HERBERT W	
STREET ADDRESS	310 PONCIANA ISLAND DR	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELLERSON, RICHARD DR.	
STREET ADDRESS	3401 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> Delete
NAME	LYNCH, JOHN	
STREET ADDRESS	427 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33134	

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
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STREET ADDRESS	
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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: SIGNATURE REQUIRED **John Kross** 1-15-02 (305) 685 8001

CR2E037 (9/01)