

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

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90185 010 ****61.25

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

Zip

Country

Zip

Country

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. 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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
TD	KROSS, JOHN	<input type="checkbox"/> Delete	
STREET ADDRESS	11000 NW 18TH STREET	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	PEMBROKE PINES FL		
VPD	KANE, STANFORD	<input type="checkbox"/> Delete	
STREET ADDRESS	16235 N.E. 11TH CT.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	NORTH MIAMI BEAC FL		
D	MENDEZ, IANACIO	<input type="checkbox"/> Delete	
STREET ADDRESS	14341 ARLINTON PLACE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	SECRETARY
CITY-ST-ZIP	FORT LAUDERDALE FL 33325		
PD	ABRAMSON, HERBERT W	<input type="checkbox"/> Delete	
STREET ADDRESS	310 PONCIANA ISLAND DR	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160		
D	DELLERSON, RICHARD DR.	<input type="checkbox"/> Delete	
STREET ADDRESS	3401 HOLLYWOOD BLVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	HOLLYWOOD FL 33021		
D	LYNCH, JOHN	<input type="checkbox"/> Delete	
STREET ADDRESS	427 CORAL WAY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	MIAMI FL 33134		

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

(305) 685-8201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (10/02)