

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90204 031 \*\*\*\*50.00

**DOCUMENT # L00000007935**

1. Entity Name  
**HELEN HOMES, LLC**

Principal Place of Business

9101 SW 103RD STREET  
 MIAMI FL 33176

Mailing Address

9101 SW 103RD STREET  
 MIAMI FL 33176

2. Principal Place of Business

11355 S.W 84 st

3. Mailing Address

11355 S.W 84 st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33173

Country

Dade

Zip

33173

Country

Dade

4. FEI Number

65-1029409

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6.-Name and Address of Current Registered Agent

**BEDZOW, MICHAEL ESQ.**  
**BEDZOW, KORN, BROWN, MILLER & ZEMEL, P.A.**  
**20803 BISCAYNE BOULEVARD, SUITE 200**  
**AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name

**Joseph I. Zumpano, P.A.**

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

**201 South Biscayne Boulevard**

**Miami Center, 34th Floor**

City

**Miami, FL**

**FL**

Zip Code

**33131**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

**Joseph I. Zumpano, Esq.**

**4-29-02**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME  Delete  
**MGR**  
**SHAHAM, JACOB**  
 STREET ADDRESS  
**9101 SW 103RD STREET**  
 CITY-ST-ZIP  
**MIAMI FL 33176**

10. ADDITIONS/CHANGES

TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME  Change  Addition  
 STREET ADDRESS  
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TITLE NAME  Change  Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-29-02 (305) 270-7000**

Date Daytime Phone #

CR2E083 (9/01)