


FILED
Mar 17, 2003 8:00 am
Secretary of State

02-21-2003 90194 015 ***61.25

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

DOCUMENT # N00000003288
 1. Entity Name
BOCA HELPING HANDS, INC.



Principal Place of Business
**C/O SHUTTS & BOWEN LLP
 250 AUSTRALIAN AVE S. STE 500
 W PALM BEACH FL 33401**

Mailing Address
**C/O SHUTTS & BOWEN LLP
 250 AUSTRALIAN AVE S. STE 500
 W PALM BEACH FL 33401**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1713631** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GART, DAVID A ESO
 C/O SHUTTS & BOWEN LLP
 250 AUSTRALIAN AVE S. STE 500
 W PALM BEACH FL 33401**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW: FEE IS \$61.25

8. 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANGOT, DAPHNE A 1111 SW MULBERRY WAY BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAUG FREUDEBERG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3755 VICTORIA WAY BOCA RATON 33434 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CAROLYN 22338 GREENTREE CIR BOCA RATON FL 33433 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVID GAET <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3096 N.W. 60 ST BOCA RATON 33496 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVISON, MARTIN L 3088 NW 26TH CT BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ANDREW J. VISSICCHIO, JR. <input type="checkbox"/> Change <input type="checkbox"/> Addition 2550 NW 38th St. BOCA RATON, FL-33432 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASSIDY, WILLIAM F 10 CAMINO REAL E BOCA RATON FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRISKITS, JACQUELINE M 868 SW 9TH CIR, #104 BOCA RATON FL 33486 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORRELLI, JOHN 34-20 S OCEAN BLVD #6W HIGHLAND FL 33487-2552 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CPRE037 (11/02)

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** *David Gaet* **3/14/03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #