

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024748

1. Entity Name

HOME HELP DESK, INC.

FILED

May 19, 2000 8:00 am
Secretary of State

05-19-2000 90059 001 ***155.00

Principal Place of Business

200 SO. BISCAYNE BLVD., STE. 2800
MIAMI FL 33131

Mailing Address

200 SO. BISCAYNE BLVD., STE. 2800
MIAMI FL 33131-2305

2. Principal Place of Business

14941 S.W. 12th St.

3. Mailing Address

14941 SW 12th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0941524

Applied For

Not Applicable

Zip

33027

Country

USA

Zip

33027

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISICOFF, LAUREL M ESQ.
200 SO. BISCAYNE BLVD., STE. 2800
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Joseph P. Myerson

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

14941 SW 12th St.

City

Pembroke Pines

FL

Zip Code

33027

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

Joseph P. Myerson President

(NOTE: Registered Agent signature required when reinstating)

DATE

1 May 2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MYERSON, JOSEPH P
CITY-ST-ZIP 14941 S.W. 12TH STREET
PEMBROKE PINES FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph P. Myerson

Date

1 May 2000

Daytime Phone #

559-7590 (954)

CR25024 10/00