

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718051

**Entity Name:** HERE'S HELP, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

15100 N.W. 27TH AVENUE  
OPA LOCKA, FL 33054 US

**FEI Number:** 59-1298067

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAW OFFICES OF FRYE & VASQUEZ, P.L.  
20900 WEST DIXIE HIGHWAY  
AVENTURA, FL 33180 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SD  
Name MENDEZ, IGNACIO  
Address 13000 NW 42ND AVENUE  
City-State-Zip: MIAMI FL 33054

Title TD  
Name LAURENZO, DAVE  
Address 2501 S. OCEAN DR.  
City-State-Zip: HOLLYWOOD FL 33019

Title D  
Name GUTIERREZ, ARMANDO  
Address 1350 NW 8TH CT. PH7  
City-State-Zip: MIAMI FL 33136

Title D  
Name KROSS, JOHN  
Address 15100 N.W. 27TH AVENUE  
City-State-Zip: OPA LOCKA FL 33054

Title PD  
Name FIORE, FRANK  
Address 11757 SW AQUILA WAY  
City-State-Zip: PORT ST. LUCIE FL 34987

Title D  
Name DEDE, BRUNO  
Address 1220 S. STATE RD. 7  
City-State-Zip: MIAMI FL 33023

Title D  
Name PARLAVECCHIO, BARBARA  
Address 9021 TAFT ST.  
City-State-Zip: PEMBROKE PINES FL 33024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANK FIORE

PD

01/13/2023

Electronic Signature of Signing Officer/Director Detail

Date