

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002806

**Entity Name:** MINORITY HELP, INC**Current Principal Place of Business:**4624 N FEDERAL HWY  
SUITE C  
LIGHTHOUSE POINT, FL 33064**Current Mailing Address:**4624 N FEDERAL HWY  
SUITE C  
LIGHTHOUSE POINT, FL 33064 US**FEI Number:** 20-2523891**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAIDE, ALVANIA VIVIANE  
4624 N FEDERAL HWY  
LIGHTHOUSE POINT, FL 33064 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:** ALVANIA VIVIANE SAIDE

06/30/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	SAIDE, ALVANIA VIVIANE
Address	4624 N FEDERAL HWY
City-State-Zip:	LIGHTHOUSE POINT FL 33064

Title	VP
Name	GENTILE, LUCIANA F
Address	6133 NW 45TH AVE
City-State-Zip:	COCONUT CREEK FL 33073

Title	DIRECTOR
Name	COELHO, KAMILA
Address	4624 N FEDERAL HWY SUITE C
City-State-Zip:	LIGHTHOUSE POINT FL 33064

Title	DIRECTOR
Name	FIALHO, CARLA
Address	4624 N FEDERAL HWY SUITE C
City-State-Zip:	LIGHTHOUSE POINT FL 33064

*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:** ALVANIA VIVIANE SAIDE

PRESIDENT

06/30/2020

Electronic Signature of Signing Officer/Director Detail

Date