

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002806

Entity Name: MINORITY HELP, INC**Current Principal Place of Business:**4624 N FEDERAL HWY
LIGHTHOUSE POINY, FL 33064**Current Mailing Address:**4624 N FEDERAL HWY
LIGHTHOUSE POINT, FL 33064 US**FEI Number:** 20-2523891**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SAIDE, ALVANIA V
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

Title	DIRECTOR
Name	SALLES, CARLOS
Address	4451 NE 20TH AVE APT E
City-State-Zip:	FORT LAUDERDALE FL 33308

Title	DIRECTOR
Name	JUNHO, MARIA F
Address	3000 NW 5TH TERRACE APT 130
City-State-Zip:	POMPANO BEACH FL 33064

Title	DIRECTOR
Name	RIBEIRO, MONICA S
Address	9875 NW 20TH STREET
City-State-Zip:	CORAL SPRINGS FL 33071

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****05/02/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date