

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000002799**

1. Entity Name  
**HELF CONSULTING L.L.C.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**01 MAR -7 PM 4:12**

Principal Place of Business <b>10275 COLLINS AVENUE #514 SOUTH BAL HARBOUR FL 33154</b>	Mailing Address <b>10275 COLLINS AVENUE #514 SOUTH BAL HARBOUR FL 33154</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1040 94 Street Suite, Apt. #, etc. #2</b>	3. Mailing Address <b>1040 94 St Suite, Apt. #, etc. #2</b>
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City & State <b>Bay Harbor Islands, FL</b>	City & State <b>Bay Harbor Islands, FL</b>	4. FEI Number <b>65-0982272</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33154</b>	Country <b>USA</b>	Zip <b>33154</b>	Country <b>USA</b>

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HELF, CLAIRE  
10275 COLLINS AVENUE  
#514 SOUTH  
BAL HARBOUR FL 33154**

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.

SIGNATURE *Claire Helf* DATE 1/31/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Registered Agent + Managing Member</b> <input type="checkbox"/> Delete <b>Claire Helf</b> <b>1040 94 St. #2</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bay Harbor Islands, FL 33154</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000003908000--7</b> <b>03/23/01--01085--015</b> <b>*****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CP2E083 (11/00)