

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007935

1. Entity Name  
HELEN HOMES, LLC

Principal Place of Business  
9101 SW 103RD STREET  
MIAMI FL 33176

Mailing Address  
9101 SW 103RD STREET  
MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1029409

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BEDZOW, MICHAEL ESQ.  
BEDZOW, KORN, BROWN, MILLER & ZEMEL, P.A.  
20803 BISCAYNE BOULEVARD, SUITE 200  
AVENTURA FL 33180

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME  
MGR SHAHAM, JACOB  
STREET ADDRESS  
9101 SW 103RD STREET  
CITY-ST-ZIP  
MIAMI FL 33176 ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE NAME  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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  
Shaham mgr

1-13-00

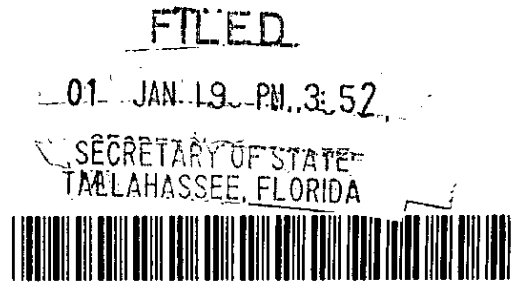
(305) 270-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)



DO NOT WRITE IN THIS SPACE