

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/27/01-90377-006-\$61.25-\$61.25  
\* 8/20/01-90072-037-\$61.25-\$61.25

DOCUMENT # N00000001010

1. Entity Name

HAVE A HEART, INC.

FILED

01 SEP 27 PH 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

16703 SOUTHWEST 5TH COURT  
WESTON FL 33326

Mailing Address

16703 SOUTHWEST 5TH COURT  
WESTON FL 33326

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

65-0986335

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GAINZA, GUYTELLE  
16703 SOUTHWEST 5TH COURT  
WESTON FL 33326

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 \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE CHAIRMAN OF THE BOARD  
NAME GUYTELLE GAINZA  
STREET ADDRESS 16703 SW 5TH CT  
CITY-ST-ZIP WESTON FL 33326

☐ Delete

TITLE DIRECTOR  
NAME SHARMA ELBRIDGE  
STREET ADDRESS 4801 JEFFERSON STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ Delete

TITLE DIRECTOR  
NAME RAYMOND GAINZA  
STREET ADDRESS 16703 SW 5TH CT  
CITY-ST-ZIP WESTON FL 33326

☐ Delete

TITLE  
NAME Lynn Trout  
STREET ADDRESS 265 S Federal Hwy #192  
CITY-ST-ZIP Deerfield Bch 33441

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empow...

SIGNATURE:

GUYTELLE GAINZA

8-13-01

(954) 384-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000612

CR2E037 (5/01)