

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90248 030 \*\*\*\*61.25

**DOCUMENT # N00000001136**

1. Entity Name

**A HELPING HAND INTERNATIONAL OUTREACH, INC.**

Principal Place of Business

Mailing Address

**4410 N.W. 171ST TERRACE  
 MIAMI FL 33055**

**4410 N.W. 171ST TERRACE  
 MIAMI FL 33055**

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

**65-0987196**

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

**CARABALLO, YIRAYMA  
 4410 N.W. 171ST TERRACE  
 MIAMI FL 33055**

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

*Yirayma Caraballo*

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

(NOTE: A registered Agent signature required when reinstating)

DATE

**3/26/01**

**FILE NOW:  
 FEE IS \$61.25**

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	president	<input type="checkbox"/> Delete
NAME	Michael V. Myers	
STREET ADDRESS	4371 W 103 lane	
CITY-ST-ZIP	hialeah FL 33012	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Torance A. Stephens	
STREET ADDRESS	20422 NE 14th CT	
CITY-ST-ZIP	North Miami Bch. FL 33179	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Yirayma Caraballo	
STREET ADDRESS	4410 NW 171st	
CITY-ST-ZIP	Miami, FL 33055	
TITLE	Evelyn Cooper	<input type="checkbox"/> Delete
NAME	President of Operations	
STREET ADDRESS	4762 NW 168th	
CITY-ST-ZIP	Miami, FL 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE:

*Yirayma Caraballo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/26/01**

Date

Daytime Phone #

CR2E037 (10/00)