2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0000001136

1. Entity Name

A HELPING HAND INTERNATIONAL OUTREACH, INC.



Principal Place of Business Mailing Address -**40033302** 4410 N.W. 171ST TERRACE 4410 N.W. 171ST TERRACE MIAMI FL 33055 ~ MIAMI FL 33055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0987196 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARABALLO, YIRAYMA Street Address (P.O. Box Number is Not Acceptable) 4410 N.W. 171ST TERRACE **MIAMI FL 33055** 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to ← FILE NOW:, FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete ☐ Addition TITLE ☐ Change MYERS, MICHAEL V NAME NAME 4371 W 10TH LANE STREET ADDRESS STREET ADDRESS HIALEAH FL 33012. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STEPHENS, TORANCE NAME NAME 20422 NE_14TH_COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33179 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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 empowered.

NAME

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TITLE

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SIGNATURE

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CARABALLO, YIRAYMA

MIAMI FL 33055

MIAMI FL 33055

COOPER, EVELYN

4410 NW 171ST TERRACE

4762 NW 168TH TERRACE

4/30/03(305)984-5028

May 05, 2003 8:00 am § Secretary of State

05-05-2003 90175 045 ****61.25

CR2E037 (10/02

Addition

☐ Addition

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