

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000004300

1. Entity Name: **HELP FOR THE HURTING, INC.**

Principal Place of Business

1525 SOUTH ANDREWS AVENUE SUITE 9
FT LAUDERDALE FL 33316

Mailing Address

1525 SOUTH ANDREWS AVENUE SUITE 9
FT LAUDERDALE FL 33316

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 **65-1022561**

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

AHMAD, MALIK DR.

**1525 SOUTH ANDREWS AVENUE SUITE 9
FT LAUDERDALE FL 33316**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
AHMAD, MALIK DR.
STREET ADDRESS
1525 SOUTH ANDREWS AVENUE SUITE 9
CITY-ST-ZIP
FT LAUDERDALE FL 33316

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

TITLE NAME ☐ Delete
TCHIVIDJIAN, ANGHEL
STREET ADDRESS
600 N BIRCH ROAD #403
CITY-ST-ZIP
FORT LAUDERDALE FL 33304

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

TITLE NAME ☐ Delete
LA TOUCH, DENISE
STREET ADDRESS
11781 HATACHER CIRCLE
CITY-ST-ZIP
ORLANDO FL 32824

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

TITLE NAME ☐ Delete
POWELL, PAMELA
STREET ADDRESS
340 SW 19TH STREET
CITY-ST-ZIP
FORT LAUDERDALE FL 33315-2118

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

TITLE NAME ☒ Delete
SILVESTRE, SUSAN
STREET ADDRESS
590 DREMUS AVE.
CITY-ST-ZIP
GLEN ROCK NJ 07452

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90072 004 ****61.25



DO NOT WRITE IN THIS SPACE

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