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

FILED
Jul 23, 2002 8:00 am
Secretary of State
07-23-2002 90335 017 ****61.25

DOCUMENT # N00000004672

1. Entity Name
Hosanna Helping Hand, INC.

DO NOT WRITE IN THIS SPACE

B0131434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
995 N.E. 124 Street	995 N.E. 124 st
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State North Miami, FL	City & State North Miami, FL
Zip 33161 Country USA	Zip 33161 Country USA

4. FEI Number 651008837 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: STeve Saintus

Street Address (P.O. Box Number is Not Acceptable): 6510 SW 30 St

City: Miramar FL Zip Code: 33023

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

FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P D STeve Saintus 6510 SW 30 STreet Miramar, FL 33023
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gabrielle Alexis 4715 NW 58th Ave Coral Springs, FL 33067
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Camelo, Maddy 7085 NW 173 Dr #403 Miami, FL 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Anna A. Benoit 280 N.E. 172 Street North Miami, FL 33162
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/15/02 305-981-5560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #