

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90017 022 ****61.25

DOCUMENT # N00000008127

1. Entity Name

"HELP-N-HAND", INC.

Principal Place of Business

Mailing Address

**4800 NORTHEAST 20TH TERRACE, #303
 FORT LAUDERDALE FL 33308**

**4800 NORTHEAST 20TH TERRACE, #303
 FORT LAUDERDALE FL 33308**

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

65-1097408

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

**MILCHMAN, HOWARD J P.A.
 9600 WEST SAMPLE ROAD
 SUITE 507
 CORAL SPRINGS FL 33065**

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 **DP** ☐ Delete
 NAME **MAREMA, ROBERT**
 STREET ADDRESS **6405 N FEDERAL HWY #401**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE **D** ☐ Delete
 NAME **MILCHMAN, HOWARD**
 STREET ADDRESS **9600 WEST SAMPLE ROAD, SUITE 507**
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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

TITLE **DST** ☐ Delete
 NAME **CARLOW, SHELLI**
 STREET ADDRESS **6405 N FEDERAL HWY #401**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

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

TITLE ☐ Delete
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 STREET ADDRESS ☐ Change ☐ Addition
 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 empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/22/02 (954) 772-2413

CR2E037 (9/01)