

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008127

FILED  
Sep 10, 2003  
Secretary of State

Entity Name: "HELP-N-HAND", INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 65-1097408

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MAREMA, ROBERT  
Address: 6405 N FEDERAL HWY #401  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D (X) Delete  
Name: MILCHMAN, HOWARD  
Address: 9600 WEST SAMPLE ROAD, SUITE 507  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DST ( ) Delete  
Name: CARLON, SHELLI  
Address: 6405 N FEDERAL HWY #401  
City-St-Zip: FORT LAUDERDALE, FL 33308

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MAREMA, ROBERT  
Address: 4800 NE 20 TERRACE #303  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST (X) Change ( ) Addition  
Name: CARLOW, SHELLI  
Address: 4800 NE 20 TERRACE #303  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T MAREMA, MD

DP

09/10/2003

Electronic Signature of Signing Officer or Director

Date