

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

FILED

02 SEP 27 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #N01000008879

1. Entity Name

Help for the disable National
Foundation, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7225 N.W. 25th

3. Mailing Address

(Same)

Suite, Apt. #, etc.

Suite 205

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33122

Country

Dade

Zip

Country

DO NOT WRITE IN THIS SPACE

05/27/02 90499 059 6125

4. FEI Number

26-8002506

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Hernando Miranda

Street Address (P.O. Box Number is Not Acceptable)

15840 S.W. 151 Terr.

City

Miami

FL

Zip Code

33196

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
D
Miranda, Hernando
15840 S.W. 151 Terr.
Miami, FL 33196

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Ang P. Berrio
15840 S.W. 151 Terr.
Miami, FL 33196

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Luis C. Orquiza
7225 N.W. 25th St - Ste 300
Miami - FL 33122

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/25/02

CR2E037B (12/01)