

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90111 046 ****61.25

DOCUMENT # N01000008879

1. Entity Name

HELP FOR THE DISABLE NATIONAL FOUNDATION, INC



Principal Place of Business

**7225 NW 25TH
SUITE 205
MIAMI FL 33122**

Mailing Address

**7225 NW 25TH
SUITE 205
MIAMI FL 33122**

2. Principal Place of Business

15840 SW 151 TERR.

3. Mailing Address

15840 SW 151 terrace

Suite, Apt. #, etc.

MIAMI, FL

Suite, Apt. #, etc.

MIAMI, FL

City & State

33196

City & State

33196 U.S.A.

Zip

33196

Country

U.S.A.

Zip

Country

4. FEI Number **26-8002506**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIRANDA, HERNANDO
15840 SW 151 TERR
MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name

Same

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/28/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D MIRANDA, HERNANDO**
STREET ADDRESS **15840 SW 151 TERR**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME **D BERRIO, ANA**
STREET ADDRESS **15840 SW 151 TERR**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME **D ARAUZ, LUIS**
STREET ADDRESS **15840 SW 151 TERR**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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

2/28/03 (305) 500-9811

CR2E037 (10/02)