

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06745

1. Entity Name

SELF HELP FOR HARD OF HEARING PEOPLE IN THE PALM

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**

02-22-2000 90044 029 \*\*\*\*61.25

Principal Place of Business	Mailing Address
% ROY YASEN 3518 DORA LANE W. PALM BEACH FL 33417-3301 US	% ROY YASEN 3518 DORA LANE W. PALM BEACH FL 33417-3301 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2493372	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

YASEN, ROY  
3518 DORA LANE  
WEST PALM BEACH FL 33417-3301

7. Name and Address of New Registered Agent

Name: David Grossberg  
Street Address (P.O. Box Number is Not Acceptable):  
3508 Amalfi Dr.  
City: W. Palm Beach FL Zip Code: 33417

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: *David Grossberg, Pres.* DATE: 2/16/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PTD GROSSBERG, DAVID 3508 AMALFIE DRIVE W. PALM BEACH FL 33417	TITLE	Change Addition
STREET ADDRESS	3508 AMALFIE DRIVE	NAME	Change Addition
CITY-ST-ZIP	W. PALM BEACH FL 33417	STREET ADDRESS	Change Addition
	VD KAMMERMAN, MORTON 210 WELLINGTON D W. PALM BEACH FL	CITY-ST-ZIP	Change Addition
	SD YASEN, ROY 3518 DORA LANE W. PALM BEACH FL 33417	TITLE	Change Addition
	D GOODSTEIN, BERNARD 1717 12TH AVENUE S. LAKE WORTH FL 33460	NAME	Change Addition
	D HODESS, SAMUEL 2792 DONNELL DR APT 161 LANTANA FL 33462	STREET ADDRESS	Change Addition
		CITY-ST-ZIP	Change Addition
		TITLE	Change Addition
		NAME	Change Addition
		STREET ADDRESS	Change Addition
		CITY-ST-ZIP	Change Addition

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: *David Grossberg, Pres.* DATE: 2/16/00 DAYTIME PHONE #: 561-682-6683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)