

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N18866

FILED
Jan 10, 2002 8:00 AM
Secretary of State

Entity Name: HELPING HANDS TO ANIMALS, INC.

Current Principal Place of Business:

784 N.W. 7TH STREET
BOCA RATON, FL 33486

New Principal Place of Business:

5924 PINEBROOK DRIVE
BOCA RATON, FL 33433

Current Mailing Address:

784 N.W. 7TH STREET
BOCA RATON, FL 33486

New Mailing Address:

5924 PINEBROOK DRIVE
BOCA RATON, FL 33433

FEI Number: 59-2792740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEBER, CINDY J
784 N.W. 7TH STREET
BOCA RATON, FL 33486

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: D () Delete
Name: LUNA, JOSE
Address: 3914 N.W. 5TH DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: WEBER, JON P
Address: 784 N.W. 7TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: VSTD () Delete
Name: CONTINO, NICOLE
Address: 3914 N.W. 5TH DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PD () Delete
Name: WEBER, CINDY J
Address: 784 N.W. 7TH STREET
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: WEBER, CINDY J
Address: 784 N.W. 7TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: SD (X) Change () Addition
Name: LEIXNER, LINDA
Address: 1045 S.W. 13TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: VPD (X) Change () Addition
Name: CONTINO, NICOLE
Address: 3914 N.W. 5TH DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: PD (X) Change () Addition
Name: HAGQUIST, BRIANA
Address: 5924 PINEBROOK DRIVE
City-St-Zip: BOCA RATON, FL 33433

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: BRIANA HAGQUIST

PD

01/10/2002

Electronic Signature of Signing Officer or Director

Date