

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

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90207 024 *****61.25

DOCUMENT # N95000004109

1. Entity Name

WORLD HELP INTERNATIONAL, INC.



Principal Place of Business

**2254 N.W. 81 TERR
SUNRISE FL 33322**

Mailing Address

**2254 N.W. 81 TERR
SUNRISE FL 33322**

11014977



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0282742**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNK, ARTHUR JR
2254 N.W. 81 TERR
SUNRISE FL 33322**

Name

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	DUNK, ARTHUR JR	
STREET ADDRESS	2254 N.W. 81 TERR	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DUNK, COREEN	
STREET ADDRESS	2254 N.W. 81 TERR	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BACHELOR, INGRID	
STREET ADDRESS	5122 NW 43RD AVE.	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GORDON, CLYDE	
STREET ADDRESS	11500 N.W. 30 PL	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

4/20/23

(954) 747-6262

CR2E037 (10/02)