

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001992

1. Entity Name

HELP IS HERE, INC.

Principal Place of Business

1970 NW 190 TERRACE
MIAMI FL 33056

Mailing Address

1970 NW 190 TERRACE
MIAMI FL 33056-2844

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0658194

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75-Additional
Fee Required

6. Name and Address of Current Registered Agent

MATHIS, CORA
1970 NW 190 TERRACE
MIAMI FL 33056

7. Name and Address of New Registered Agent

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
FARMER, BETTY
15740 N.W. 37TH AVENUE
MIAMI FL 33054

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD
STRINGER, CHARLES
3555 N.W. 96TH STREET
MIAMI FL 33147

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
MATHIS, CORA
1970 N.W. 190 TERRACE
MIAMI FL 33056

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
GARFIELD, LINDA
12950 W. GOLF ROAD
MIAMI FL 33161

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

N
COLE, DORIS
8535 N.W. 32 COURT
MIAMI FL 33147

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 OCT 19 AM 10:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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*****70.00 *****70.00

4/28/00 (305) 620-9881