

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

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90088 028 ****61.25

DOCUMENT # **N97000001169**

1. Entity Name

Helping Hearts International, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8870 Terrene Court

Suite, Apt. #, etc.

102

City & State

Bonita Springs, FL

Zip

34135

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0727059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Michael J. Woulas, Ph.D.

Street Address (P.O. Box Number is Not Acceptable)

8870 Terrene Court, Suite 102

City

Bonita Springs

FL

Zip Code

34135

**DO NOT WRITE
IN THIS SPACE**

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

FEE IS \$61.25
Initial or Amended UBR

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
President (P)
Michael J. Woulas, Ph.D.
8870 Terrene Ct., Ste 102
Bonita Springs, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary (S)
Aitchena Alkeme
3106 Broadway Ave
FL Myers, FL 33901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer (T)
Nancy J. Woulas, L.M.T.
8870 Terrene Court, Ste 102
Bonita Springs, FL 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Woulas, Ph.D.* *M. Woulas, Ph.D.* *3/19/02* *941-949-2415*

CR2E037B (12/01)

**DO NOT WRITE
IN THIS SPACE**