2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700003358								Feb 15, 2001 8:00 am Secretary of State					
WE CA	re "Help	" MINISTRY, INC.			J			01-25-	2001 90	0159 035 **	**70.00		
Principal Plac	e of Busines	s	Mailing Address										
11900 NW 31 SUNRISE FL			11900 NW 31ST PLACE SUMPISE FL 33323										
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2. Principal P		ness	3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
Suite, Apt. #, etc.			Suite, Apr. #, etc.					DONOTWA	ILE IN ITE			_	
City & State			City & State				4. FEI Numb	er 59-3452352	2	Not	olied For Applicable	1	
Zip	Zip Country		· Zip Cou		untry	·	5. Certificate	of Status Desired \$8.75 Additional Fee Required					
 ;	6. Name	and Address of Current R	egistered Agent				7. Name and	Address of New	Registered	d Agent		1.	
11900 NV	GERALDIN V 31ST PL/ FL 33323		guerau.		Street A	100	P.O. Box Numb	er is Not Acceptab		rcl			
ODINAGE I E GGES					City S	Sun a se			F	L 333	<u> 23</u>]	
8. The above	named entit	y submits this statement for	the purpose of changing its	register	ed office o	registere	ed agent, or bo	th, in the state of F	orida.				
SIGNATURE GERALDINE Franco, Butter, <u>Haraldus</u> <u>Transo</u> Butter-16-01 Signatura, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE													
		NOW:	Trust Fund Contribution.			Added	Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11900 N	OFFICERS AND DIRE , GERALDINE N 31ST PLACE FL 33323	□ Delete ·	NAM STRE	E PD E ET ADORESS '-ST-ZIP	Bu	TIER,	Franco (W,31st p	feraldi 19ce		Addition	CR2E037 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Butler, 1604 SW		☐ Delete	NAM STRE	E VPO IE EET ADORIESS -ST-ZIP	119	00 Not	Daniel Ni31stp FL 33	La ce	Change	Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GELSEY, 3141 NW		,. Delete	- 8	- "	Cu 57	urting 200 d of Lau	a Rah J.W. 31 Iderdale	m/ng きAT	□.Change } /e 333,09	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Delete							☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	e et address -st-zip					☐ 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 FRANCO, BUHFEL SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													