

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003358

1. Entity Name

WE CARE HELP RESOURCE CENTER, INC.

FILED

Apr 22, 2002 8:00 am  
Secretary of State

04-22-2002 90203 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

11900 NW 31ST PLACE  
SUNRISE FL 33323

11900 NW 31ST PLACE  
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3452352

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

BUTLER, FRANCO G  
11402 NW 31ST PLACE  
SUNRISE FL 33323

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BUTLER, FRANCO G  
STREET ADDRESS 11900 NW 31ST PLACE  
CITY-ST-ZIP SUNRISE FL 33323

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VPD  
NAME BUTLER, DANIEL  
STREET ADDRESS 11900 NW 31ST PLACE  
CITY-ST-ZIP SUNRISE FL 33323

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST  
NAME RAHMING, CURTINA  
STREET ADDRESS 5200 NW 31ST AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL 33309

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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CITY-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.

SIGNATURE:

Daniel Butler

Date

Daytime Phone #

CR2E037 (9/01)