

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006254

1. Entity Name

H*E*L*P/ECOLOGOS, INC.

Principal Place of Business

Mailing Address

5401 COLLINS AVE., SUITE 226
MIAMI BEACH FL 33140

P.O. BOX 402666
MIAMI FL 33140-0666

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0794305

Applied For

Not Applicable

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

FORTI, LAWRENCE J
5401 COLLINS AVE., SUITE 226
MIAMI BEACH FL 33140

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 NAME ☐ Delete
PD
FORTI, LAWRENCE J
STREET ADDRESS
5401 COLLINS AVE., SUITE 226
CITY-ST-ZIP
MIAMI BEACH FL 33140

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
D
PRIETO, MARK A
STREET ADDRESS
6 CALLE PONIENTE #9
CITY-ST-ZIP
ANTIGUA, GUATEMALA

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Delete
D
RAO, MARCELLA
STREET ADDRESS
5445 COLLINS AVE., #421
CITY-ST-ZIP
MIAMI BCH FL 33140

TITLE NAME ☐ Change ☒ Addition
D
POSTREL, JAY
STREET ADDRESS
8801 SW 142 Ave, STE 2014
CITY-ST-ZIP
MIAMI, FL 33186

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/02 (305) 865-4351

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90032 045 ****61.25



DO NOT WRITE IN THIS SPACE

CP2E037 (9/01)