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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State
02-06-2001 90314 015 ****61.25

DOCUMENT # N98000001569

1. Entity Name
AMERICA HELPING AMERICA, INC.

Principal Place of Business	Mailing Address
C/O LEONEL MEDEROS 340 N.W. 63RD COURT MIAMI FL 33126	C/O LEONEL MEDEROS 340 N.W. 63RD COURT MIAMI FL 33126

28206

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2902 NW 2 Ave	2902 NW 2 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Fl	City & State: Miami Fl
Zip: 33127 Country: Miami Dade	Zip: 33127 Country: Miami Dade

4. FEI Number 65-0784339 — 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
MEDEROS, LEONEL 340 N.W. 63RD COURT MIAMI FL 33126	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 STREET ADDRESS CITY-ST-ZIP	PD DIAZ, JESEFA 340 NW 63RD CT MIAMI FL 33126 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZANGRONIS, MAGDA 171 W 11TH ST, ATP 7 HIALEAH FL 33010 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Lia Galletti 46 Palermo Ave C. Gables Fl 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TERRES, GERARDO 514 SW 98TH CT MIAMI FL 33174 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Horacio Sicre 46 Palermo Ave C. Gables, Fl 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Exec. Director Leonel Mederos 340 NW 63 Ct Mia Fl 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: SIGNATURE REQUIRED Leonel Mederos, Director 1/31/01 305-573-8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)