FILED
Jun 02, 2003 8:00 am
Secretary of State
04-28-2003 91518 030 *****8.75
06-02-2003 90185 020 ****52.50

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

DOCUMENT # N98000001569

1. Entity Name
America Helping America

DO NOT WRITE IN THIS SPACE

[redacted]
90138180
DO NOT WRITE IN THIS SPACE

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

4. FEI Number 65-07-84339 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Leonel Mederos
Street Address (P.O. Box Number is Not Acceptable): 2902 NW 2 Ave
City: Miami FL. Zip Code: 33127

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Leonel Mederos 4/23/03
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: Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: President NAME: Josefa Diaz STREET ADDRESS: 340 NW 127 St CITY-ST-ZIP: Miami FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Secretary NAME: Lia Galleti STREET ADDRESS: 36 Palermo Ave CITY-ST-ZIP: Miami FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Treasurer NAME: Oracio Sicre STREET ADDRESS: 36 Palermo Ave CITY-ST-ZIP: Miami FL 33145	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
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CR2E037B (12/02)

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: Leonel Mederos 4/23/03 305-970-0139
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #