

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006704

1. Entity Name

H H H (HUNTERS HELPING HANDS), INC.

Principal Place of Business

3034 N.W. 57TH STREET  
MIAMI FL 33145

Mailing Address

480 N.W. 39TH AVE.  
FORT LAUDERDALE FL 33311-8238

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

65-0461347  
NOT APPLICABLE

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

HUNTER, JOSEPH  
3034 N.W. 57TH STREET  
MIAMI FL 33145

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 D ☐ Delete  
NAME HUNTER, JOSEPH  
STREET ADDRESS 480 N.W. 39TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE P ☒ Change ☐ Addition  
NAME Hunter Joseph  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HUNTER, CYNTHIA  
STREET ADDRESS 480 N.W. 39TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE V ☒ Change ☐ Addition  
NAME Hunter Cynthia  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HUNTER, TODRICK  
STREET ADDRESS 480 N.W. 39TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL 33311

TITLE T ☒ Change ☐ Addition  
NAME Hunter Todrick  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition  
NAME Boulah Law  
STREET ADDRESS 555 N.E. 123<sup>rd</sup> Apt. 212  
CITY-ST-ZIP North Miami Ra. 33161

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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

Apr. 1 20, 2000 954-7972557

Date

Daytime Phone #

CR2E037 (9/99)