

2001 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

2. Principal Place of Business

3034 N.W. 57th St

3. Mailing Address

480 N.W. 39th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Fla.

City & State

Fort Lauderdale Fla.

Zip

33142

Country

Dade

Zip

33311

Country

Broward

4. FEI Number

65-0961347

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

After September 12, 2001, min. will be \$236.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HUNTER, JOSEPH	
STREET ADDRESS	480 N.W. 39TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HUNTER, CYNTHIA	
STREET ADDRESS	480 N.W. 39TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	HUNTER, TODRICK	
STREET ADDRESS	480 N.W. 39TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAW, BEULAH	
STREET ADDRESS	555 NE 123RD STREET, APT 212	
CITY-ST-ZIP	N MIAMI BEACH FL 33161	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dorothy Savage	
STREET ADDRESS	2961 N.W. 24th Ct.	
CITY-ST-ZIP	Ft. Lauderdale Fla. 33311	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cynthia D. Hunter	
STREET ADDRESS	480 N.W. 39th Ave	
CITY-ST-ZIP	Ft. Lauderdale Fla. 33311	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Harris	
STREET ADDRESS	6740 N.W. 175th Lane/Apt. I.	
CITY-ST-ZIP	Miami Lakes Fla. 33015	
TITLE	M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beulah Law	
STREET ADDRESS	555 N.E. 123rd St. #212	
CITY-ST-ZIP	North Miami Beach, Fla. 33161	
TITLE	M.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathy McFadden	
STREET ADDRESS	824 N.W. 75th St.	
CITY-ST-ZIP	Miami, Fla. 33150	
TITLE	S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Falister Campbell	
STREET ADDRESS	1545 N.W. 73 St.	
CITY-ST-ZIP	Miami Fla. 33147	

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: Joseph Hunter 8-29-01 (954-587-7912)

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90063 033 ****70.00



DO NOT WRITE IN THIS SPACE

0008953

CR2E037 (5/01)