

2001 UNIFORM BUSINESS REPORT (UBR)

5/4.

FILED
May 24, 2001 8:00 am
Secretary of State

05-04-2001 90050 039 ****70.00

DOCUMENT # N98000006744

1. Entity Name

HELP CRISIS HOTLINE, INC.

Principal Place of Business

Mailing Address

247 SOUTHWEST 8TH STREET
 130
 MIAMI FL 33130

247 SOUTHWEST 8TH STREET
 130
 MIAMI FL 33130

2. Principal Place of Business

280 SOUTHWEST 8TH STREET SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

553

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33130

Country

DADE

Zip

33130

Country

FLA

FEI Number

650877736

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

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	VALENTIN, FREDDY	
STREET ADDRESS	247 SOUTHWEST 8TH STREET	CHANGE Address
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VALENTIN, ELSALENA	
STREET ADDRESS	247 SW 8 STREET #130	CHANGE Address
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	SANCHEZ, NORBERTO	
STREET ADDRESS	247 SW 8 STREET #130	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTIN, FREDDIE	
STREET ADDRESS	280 SOUTH WEST 8TH STREET #553	
CITY-ST-ZIP	MIAMI FLORIDA 33130	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTIN, ELSALENA	
STREET ADDRESS	280 SOUTH WEST 8TH ST #553	
CITY-ST-ZIP	MIAMI, FLORIDA 33130	
TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, LADY J	
STREET ADDRESS	280 SOUTHWEST 8TH STREET	
CITY-ST-ZIP	MIAMI FLA 33130	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALENTIN, GIOVANNI	
STREET ADDRESS	280 SOUTHWEST 8TH ST #553	
CITY-ST-ZIP	MIAMI, FLA 33130	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

FREDDIE VALENTIN 4/27/01 305 962-5975

CR2E037 (10/00)