

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006744

FILED
Apr 12, 2002 8:00 AM
Secretary of State

Entity Name: HELP CRISIS HOTLINE, INC.

Current Principal Place of Business:

280 SOUTHWEST 8TH STREET
#553
MIAMI, FL 33130

Current Mailing Address:

280 SOUTHWEST 8TH STREET
#553
MIAMI, FL 33130

New Principal Place of Business:

1841 SOUTHWEST 8TH STREET
#32
MIAMI, FL 33135

New Mailing Address:

1841 SOUTHWEST 8TH STREET
#32
MIAMI, FL 33135

FEI Number: 65-0877736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VALENTIN, FREDDY
Address: 280 SOUTHWEST 8TH STREET #553
City-St-Zip: MIAMI, FL 33130

Title: VD () Delete
Name: VALENTIN, ELSALENA
Address: 280 SOUTHWEST 8TH ST #553
City-St-Zip: MIAMI, FL 33130

Title: STD () Delete
Name: SUAREZ, LADY J
Address: 280 SOUTHWEST 8TH STREET
City-St-Zip: MIAMI, FL 33130

Title: STD (X) Delete
Name: VALENTIN, GIOVANNI
Address: 280 SOUTHWEST 8TH STREET #553
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VALENTIN, FREDDY
Address: 1841 SOUTHWEST 8TH STREET #32
City-St-Zip: MIAMI, FL 33135

Title: VD (X) Change () Addition
Name: VALENTIN, FREDDIE J
Address: 1841 SOUTHWEST 8TH ST #32
City-St-Zip: MIAMI, FL 33135

Title: STD (X) Change () Addition
Name: VALENTIN, MARIA A
Address: 1841 SOUTHWEST 8TH STREET #32
City-St-Zip: MIAMI, FL 33135

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDDY VALENTIN

PD

04/12/2002

Electronic Signature of Signing Officer or Director

Date