

5/21

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 08, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91178 032 \*\*\*\*61.25

**DOCUMENT # N99000002988**

1. Entity Name

**HELTER FOR LIFE, INC.**

Principal Place of Business

**1125 NW 27TH AVE  
FORT LAUDERDALE FL 33311**

Mailing Address

**1125 NW 27TH AVE  
FORT LAUDERDALE FL 33311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0923413**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBINSON, ALEXANDER  
1125 NW 27TH AVE  
FORT LAUDERDALE FL 33311**

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

**ALEXANDER ROBINSON** / *Alexander Robinson***4-22-02**

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 | NAME                | STREET ADDRESS      | CITY-ST-ZIP              | <input type="checkbox"/> Delete     |
|-------|---------------------|---------------------|--------------------------|-------------------------------------|
| P     | ROBINSON, ALEXANDER | 1125 NW 27TH AVE    | FORT LAUDERDALE FL 33311 | <input type="checkbox"/>            |
| VP    | FRANKLIN, EUGENE    | 1125 NW 27 AVE      | FORT LAUDERDALE FL 33311 | <input checked="" type="checkbox"/> |
| D     | ROBINSON, CHERCOLBY | 1125 NW 27TH AVENUE | FORT LAUDERDALE FL 33311 | <input type="checkbox"/>            |
| D     | SUMLIN, YVONNE      | 1125 NW 27 AVENUE   | FORT LAUDERDALE FL 33311 | <input checked="" type="checkbox"/> |
| ST    | MCCALL, KAREN       | 4931 EGRET CT       | COCONUT CREEK FL 33073   | <input checked="" type="checkbox"/> |
| OW P  | WHITELOW, JEFF      | 1125 NW 27 AVENUE   | FORT LAUDERDALE FL 33311 | <input type="checkbox"/>            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

| TITLE | NAME                       | STREET ADDRESS                                 | CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|-------|----------------------------|------------------------------------------------|--------------------------------|-------------------------------------------------------------------|
|       | <i>Seryck Robinson</i>     | <i>1125 NW 27th Ave Ft Lauderdale FL 33311</i> |                                | <input type="checkbox"/>                                          |
|       | <i>Robinson, Chercolby</i> | <i>1125 NW 27th Avenue</i>                     | <i>Ft Lauderdale, FL 33311</i> | <input checked="" type="checkbox"/>                               |
|       |                            |                                                |                                | <input type="checkbox"/>                                          |
|       |                            |                                                |                                | <input type="checkbox"/>                                          |
|       |                            |                                                |                                | <input type="checkbox"/>                                          |

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 an other like empowered.

SIGNATURE:

*Alexander Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-22-02** *954 583-3331*

Daytime Phone #

CR2E037 (9/01)