2000 UNIFORM BUSINESS REPORT (UBR)

5/3

DOCUMENT # N99000004600 R

1. Entity Name

HELPING EMOTIONS AND LEARNING PROGRAM, INC.

FILED
Jun 27, 2000 8:00 am
Secretary of State

05-30-2000 90008 013 ****61.25

Principal Place of Business	Mailing Address
210 174TH ST. SUITE 802 SUNNY ISLES BEACH FL 33160	210 174TH ST. SUITE 802 SUNNY ISLES BEACH FL 33160-3338

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
260 Sunny Isles Blvd.	
Suite, Apt. #, etc.: Ste	Suite, Apt. #, etc.
City & State: Sunny Isles Bch, Fla.	City & State
Zip: 33160 / Country: Dade	Zip / Country

4. FEI Number: 65-0935951 — 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
REZNIK, ERIC Y 210 174TH ST, SUITE 802 SUNNY ISLES BEACH FL 33160	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: EYR — 4/28/00

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: P D ☐ Delete NAME: REZNIK, ERIC Y STREET ADDRESS: 210 174TH ST, SUITE 802 CITY-ST-ZIP: SUNNY ISLES BEACH FL 33160	TITLE: P D ☑ Change ☐ Addition NAME: Reznik, Eric Y. STREET ADDRESS: 260 Sunny Isles Blvd. CITY-ST-ZIP: Sunny Isles Bch, Fla. 33160
TITLE: V T ☐ Delete NAME: ROBINSON, WILLIAM TIMMY STREET ADDRESS: 1771 SW 82ND AVE CITY-ST-ZIP: MIRAMAR FL 33025	TITLE: ☑ Change ☐ Addition NAME: SAME as above. STREET ADDRESS: V T CITY-ST-ZIP
TITLE: S T ☐ Delete NAME: AUERBACK, NAOMI STREET ADDRESS: 9740 W BAY HARBOR DR, SUITE 5 CITY-ST-ZIP: BAY HARBOR ISLAND FL 33154	TITLE: Same as above ☑ Change ☐ Addition NAME: STREET ADDRESS: V T CITY-ST-ZIP
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:
TITLE: ☐ Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E037 (9/99)

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 ERIC Y. Reznik — 4/28/00 — 305-944-4431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #