

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004600

1. Entity Name

HELPING EMOTIONS AND LEARNING PROGRAM, INC.

Principal Place of Business

260 SUNNY ISLES BLVD  
SUNNY ISLES BEACH FL 33160

Mailing Address

260 SUNNY ISLES BLVD  
SUNNY ISLES BEACH FL 33160

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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  
260 SUNNY ISLES BLVD  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Eric Y. Reznik*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	REZNIK, ERIC Y	
STREET ADDRESS	260 SUNNY ISLES BLVD	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	
TITLE	VT	<input type="checkbox"/> Delete
NAME	ROBINSON, WILLIAM TIMMY	
STREET ADDRESS	1771 SW 82ND AVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	SVT	<input checked="" type="checkbox"/> Delete
NAME	AUERBACK, NAOMI	
STREET ADDRESS	9740 W BAY HARBOR DR, SUITE 5	
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	CHUNEYEVA, ANNA	
STREET ADDRESS	2821 NE SUNNY ISLES BLVD, #2P	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	M SVT	<input type="checkbox"/> Delete
NAME	MEDVINSKY, ALEXANDRA	
STREET ADDRESS	20336 NE 10 COURT RD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

973158



DO NOT WRITE IN THIS SPACE

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