

5/15

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

05-19-2002 90195 026 ****61.25

DOCUMENT # N99000005322

1. Entity Name

PROJECT CHILDEHELP, INC.

92327



DO NOT WRITE IN THIS SPACE

Principal Place of Business

66 W FLAGLER STREET 2ND FLOOR
MIAMI FL 33130

Mailing Address

66 W FLAGLER STREET 2ND FLOOR
MIAMI FL 33130

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

52-2203362

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

VALLADARES, O FRANK
 66 W FLAGLER STREET 2ND FLOOR
 MIAMI FL 33130

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 FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	HERNANDEZ, JOSUE	<input checked="" type="checkbox"/> Delete
NAME		1190 SW 124 AVE.	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	VP	VALLADARES, O FRANK	<input type="checkbox"/> Delete
NAME		66 W FLAGLER ST 2 FL	
STREET ADDRESS		MIAMI FL 33130	
CITY-ST-ZIP			
TITLE	PSTD	VALLADARES, LOURDES M	<input type="checkbox"/> Delete
NAME		10030 SW 84TH STREET	
STREET ADDRESS		MIAMI FL 33173	
CITY-ST-ZIP			
TITLE	T	HERNANDEZ, ERNY	<input checked="" type="checkbox"/> Delete
NAME		1190 SW 124 AVE.	
STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP			
TITLE	D	MARTINEZ, ORLANDO	<input type="checkbox"/> Delete
NAME		1117 SW 88 AVE.	
STREET ADDRESS		MIAMI FL 33174	
CITY-ST-ZIP			
TITLE	D	MARTINEZ, PAULA	<input type="checkbox"/> Delete
NAME		1117 SW 88 AVE.	
STREET ADDRESS		MIAMI FL 33174	
CITY-ST-ZIP			

TITLE	D	Tejedor, Ray	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		13935 S.W. 10 street	
STREET ADDRESS		Miami FL 33184	
CITY-ST-ZIP			
TITLE	D	Muñoz, William	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		914 Osorio Ave.	
STREET ADDRESS		Miami, FL 33146	
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
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:

Loures Valladares
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)