

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90188 013 ****61.25

DOCUMENT # N99000005519

1. Entity Name

HELPING HANDS PROJECT INC.

Principal Place of Business

9325 SW 181ST STREET
 MIAMI FL 33157

Mailing Address

9325 SW 181ST STREET
 MIAMI FL 33157

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

NOT APPLICABLE
 65-094-8210

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

NUNEZ, ALEJANDRO ESQ
1607 PONCE DE LEON BLVD #101
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **NUNEZ, ALEJANDRO, ESQ**

Street Address (P.O. Box Number is Not Acceptable)

250 GIRALDA AVENUE

City **CORAL GABLES**

FL

Zip Code

33134

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

ALEJANDRO NUNEZ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **NCLAUGHLAN, STELLA**
 CITY-ST-ZIP **9325 SW 181ST STREET**
MIAMI FL 33157

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **WAN, SUELAN**
 CITY-ST-ZIP **919 4TH STREET**
MIAMI BEACH FL 33139

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **ZUCKER, GAIL**
 CITY-ST-ZIP **1123 LINCOLN STREET**
HOLLYWOOD FL 33019

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

SUELAN WAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01

305-7746222

CR2E037 (10/00)