

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000005680**

1. Entity Name

**HUMANITY TO ELIMINATE LIFETIME POVERTY, INC.**

Principal Place of Business

2263 NW 2ND AVE. #205  
BOCA RATON FL 33431

Mailing Address

2263 NW 2ND AVE. #205  
BOCA RATON FL 33431-7401

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

MULLIN, JAMES G  
2263 NW 2ND AVE. #205  
BOCA RATON FL 33431

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

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	D	<input type="checkbox"/> Delete
NAME	Dolores Favilli	
STREET ADDRESS	7342 NW 45 Ave	
CITY-ST-ZIP	Pompano Beach FL 33073	

TITLE	D	<input type="checkbox"/> Delete
NAME	JAMES G MULLIN	
STREET ADDRESS	2263 NW 2nd Ave # 205	
CITY-ST-ZIP	Boca Raton FL 33431	

TITLE	D	<input type="checkbox"/> Delete
NAME	ANTONIA ESPEY	
STREET ADDRESS	11130 NW 24th St.	
CITY-ST-ZIP	Coral Springs, FL 33065	

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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CITY-ST-ZIP		

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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE REQUIRED: Mullin Die

Date

Daytime Phone #

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90043 037 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0861062

Applied For

Not Applied

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