

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90110 035 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000021715

1. Entity Name
HELP CONTRIBUTE, INC.



30154943

Principal Place of Business
1950 DISCOVERY CIRLE
DEERFIELD BEACH, FL 33442

Mailing Address
1950 DISCOVERY CIRLE
DEERFIELD BEACH, FL 33442

2. Principal Place of Business
6201 Cypress Road
Suite, Apt. #, etc.

3. Mailing Address
6201 Cypress Road
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Plantation, Florida
Zip
33317
Country
USA

City & State
Plantation, Florida
Zip
33317
Country
USA

4. FEI Number
11-3664045

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

MAFFUCCI, MICHAEL
1950 DISCOVERY CIRLE
DEERFIELD BEACH, FL 33442

Name
Frank M. Mossucco
Street Address (P.O. Box Number is Not Acceptable)
4613 University Dr. #237
City
Coral Springs
FL
Zip Code
33067

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

(NOTE: Registered Agent's signature required when resigning)

5-13-03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MAFFUCCI, MICHAEL	1950 DISCOVERY CIRLE	DEERFIELD BEACH, FL 33442	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	Maffucci, Michael	6201 Cypress Road	Plantation, FL 33317	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

CR2E034 (10/02)

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 607, 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:

Michael Maffucci

3-12-03

Date

954-584-1355

Daytime Phone #