

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90026 018 ***150.00

DOCUMENT # P01000022607

1. Entity Name
HELPMATES SERVICE, INC.

Principal Place of Business
14917 WEDGEFIELD DRIVE APT 102
DELRAY BEACH FL 33446

Mailing Address
14917 WEDGEFIELD DRIVE APT 102
DELRAY BEACH FL 33446

80127484



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1079178

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **DERN, RENA**
STREET ADDRESS **14917 WEDGEFIELD DRIVE APT 102**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIG RENA DERN JURED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Document #

PO1000022607

HELPMATES SERVICE, INC.
HOME ORGANIZER OF ALL PAPERWORK

Rena Dern
14917 Wedgefield Drive
Delray Beach, FL. 33446
Tel.- fax 561 638-1752

July 1, 2002

Please be advised that I had to speak with my accountant to explain this form to me. I am a new business and have not paid for a Uniform Business Report before. This form was in my mail yesterday. My accountant informs me that I should have received a form several months ago.

The only thing I can think of is, I have been away and had the Post Office hold my mail and perhaps this form was discarded with advertisements inadvertently. I am sending a check for \$150.00 in good faith and ask that you understand and forgive the fact that I had no knowledge of this form prior to yesterday.

Your consideration is appreciated.

Yours truly,

Rena Dern

Rena Dern