

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

FILED

02 JUN 14 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000035178
1. Entity Name
HELEN PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

2002 UBR

2. Principal Place of Business 5140 East 10th Court Suite, Apt. #, etc.		3. Mailing Address 5140 East 10th Court Suite, Apt. #, etc.	
City & State Hialeah, FL		City & State Hialeah, FL	
Zip 33013	Country USA	Zip 33013	Country USA
4. FEI Number 03-0387704		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Carlos A. Yanes**

Street Address (P.O. Box Number is Not Acceptable)
5140 East 10th Court

City **Hialeah** FL Zip Code **33013**

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.

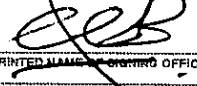
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when consolidating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Carlos A. Yanes 5140 East 10th Court Hialeah, FL 33013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VicePresident Carmen R. Rodriguez 5040 East 4th Avenue, #16 Hialeah, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Carlos A. Yanes 5140 East 10th Court Hialeah, FL 33013	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Carmen R. Rodriguez 5040 East 4th Avenue, #16 Hialeah, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100006209051--8 -07/05/02--01014--008 *****550.00 *****550.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	100006209051--8 -07/05/02--01014--009 *****8.75 *****8.75

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  6/10/2002 (305) 7690920
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Telephone

CR200248 (12/01)