

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90123 022 ***150.00

DOCUMENT # P01000035178



1. Entity Name
HELEN PROPERTIES, INC.

Principal Place of Business
**5140 EAST 10TH COURT
HIALEAH FL 33013**

Mailing Address
**5140 EAST 10TH COURT
HIALEAH FL 33013**

2. Principal Place of Business
4951 EAST 10 CT.

3. Mailing Address
4951 EAST 10 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Hialeah, FL

City & State
Hialeah, FL

4. FEI Number
03-0387704

Applied For
 Not Applicable

Zip
33013

Country
DADE

Zip
33013

Country
DADE

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**YANES, CARLOS A
5140 EAST 10TH COURT
HIALEAH FL 33013**

Name **YANES, CARLOS A.**
Street Address (P.O. Box Number is Not Acceptable)
775 EAST 52 STREET

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Carlos YANES** DATE **4/22/03**

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PS	<input type="checkbox"/> Delete
NAME	YANES, CARLOS A	
STREET ADDRESS	5140 EAST 10TH COURT	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VT	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, CARMEN R	
STREET ADDRESS	5040 EAST 4TH AVE #16	
CITY-ST-ZIP	HIALEAH FL 33013	
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		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YANES, CARLOS A.	
STREET ADDRESS	775 EAST 52 ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, CARMEN R	
STREET ADDRESS	775 EAST 52 ST.	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: SIGNATURE REQUIRED **Carlos A. YANES** DATE **4/22/03** (305) 769-0920

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)