

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096713

1. Entity Name

RESIDENTIAL HELP CORPORATION

Principal Place of Business

Mailing Address

145 SOLANO PRADO
CORAL GABLES, FL 33156145 SOLANO PRADO
CORAL GABLES, FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

701 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 3000

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33131

4. FEI Number

65-1144581

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

INTRASTATE REGISTERED AGENT

Name

701 BRICKELL AVENUE

Street Address (P.O. Box Number is Not Acceptable)

SUITE 3000

MIAMI, FLORIDA 33131

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 this 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)10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

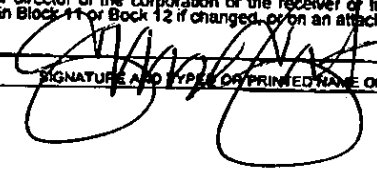
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRANT, BRIAN 145 SOLANO PRADO CORAL GABLES, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPTS GRANT, GINA 145 SOLANO PRADO CORAL GABLES, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE:


 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90083 040 ***150.00

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)