2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State
05-08-2002 90047 033 ***150.00

DOCUMENT # P93000058810

1. Entity Name
HERE'S HELP PROFESSIONAL SERVICES, INC.

Principal Place of Business	Mailing Address
~~6259 NW 171 ST.~~ ~~HIALEAH FL 33015~~	~~6259 NW 171 ST.~~ ~~HIALEAH FL 33015~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6372 N.W. 170 Lane	6372 N.W. 170 Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33015 Country: U.S.A	Zip: 33015 Country: U.S.A

4. FEI Number 65-0432894 ☐ 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
~~TOLEDO, RICHARD G~~ ~~1840 W 49TH ST~~ ~~SUITE 603-4~~ ~~HIALEAH FL 33012~~	Name: Richard G. Toledo, Esq. Street Address (P.O. Box Number is Not Acceptable): 21 Southeast 1st Avenue 10th Floor City: Miami, Florida FL Zip Code: 33131

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: Richard Toledo DATE: April 9/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $150.00
After May 1, 2002 Fee will be $550.00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~CAMACHO, ISABEL R~~ ~~6259 NW 171 ST.~~ ~~HIALEAH FL 33015~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Isabel Ann Camacho 6372 N.W. 170 Lane Miami, Florida 33015	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Isabel Ann Camacho 4/20/02 (305) 819-435
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)