

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90047 033 ***150.00

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DOCUMENT # P93000058810

1. Entity Name

HERE'S HELP PROFESSIONAL SERVICES, INC.

Principal Place of Business

~~6259 NW 171 ST.~~
~~HIALEAH FL 33015~~

Mailing Address

~~6259 NW 171 ST.~~
~~HIALEAH FL 33015~~

2. Principal Place of Business

6372 N.W. 170 Lane

3. Mailing Address

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

TOLEDO, RICHARD G

1840 W 49TH ST

SUITE 603-4

HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **Richard G. Toledo, Esq.**

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

21 Southeast 13 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

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 \$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

TITLE ☐ Delete
NAME **D CAMACHO, ISABEL R**
STREET ADDRESS **6259 NW 171 ST.**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **D Isabel Ann Camacho**
STREET ADDRESS **6372 N.W. 170 Lane**
CITY-ST-ZIP **Miami, Florida 33015**

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

TITLE ☐ Change ☐ Addition
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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:

Isabel Ann Camacho

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 (305) 819-4357

Date Daytime Phone #

CR2E034 (9/01)