

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90233 026 ***150.00

DOCUMENT # P98000060655

1. Entity Name

GLOBAL HELPING HANDS, INC.

Principal Place of Business

2919 E COMMERCIAL BLVD STE A
 FT LAUDERDALE FL 33308

Mailing Address

2919 E COMMERCIAL BLVD STE A
 FT LAUDERDALE FL 33308-4207



2. Principal Place of Business

2800 E Commercial Blvd
 Suite, Apt. #, etc. *# 208*

3. Mailing Address

2800 E Commercial Blvd
 Suite, Apt. #, etc. *# 208*

DO NOT WRITE IN THIS SPACE

City & State

FT. LAUDERDALE

Zip

33308

City & State

FT. LAUDERDALE, FL

Zip

33308

4. FEI Number

65-0851482

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, ALLEN H
 2919 E COMMERCIAL BLVD STE A
 FT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
2800 E. Commercial Blvd
208
 City & State
FT. LAUDERDALE FL Zip Code
33308

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, 2000 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|----------|------------------------|---------------------------------|----------------------------|---------------------------------|
| D | EICLOFF, THOMAS | 320 PLAZA Real Suite 323 | BOCA RATON FL 33432 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------|-------------------------|---------------------------------|-----------------------------|---------------------------------|-------------------------------------|
| S | BRIGITTE EICLOFF | 320 PLAZA Real Suite 323 | BOCA RATON, FL 33432 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00

CR2E034 (9/99)