## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 718051** 

Entity Name: HERE'S HELP, INC.

**Current Principal Place of Business:** 

15100 N.W. 27TH AVENUE OPA LOCKA, FL 33054

**FILED** Jan 13, 2023 **Secretary of State** 7965671013CC

## **Current Mailing Address:**

15100 N.W. 27TH AVENUE OPA LOCKA, FL 33054 US

FEI Number: 59-1298067 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LAW OFFICES OF FRYE & VASQUEZ, P.L. 20900 WEST DIXIE HIGHWAY AVENTURA, FL 33180 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title Title TD

MENDEZ, IGNACIO Name LAURENZO, DAVE Name Address 13000 NW 42ND AVENUE Address 2501 S. OCEAN DR. City-State-Zip: HOLLYWOOD FL 33019 MIAMI FL 33054 City-State-Zip:

Title D

Title D Name KROSS, JOHN

Name GUTIERREZ, ARMANDO Address Address 1350 NW 8TH CT. PH7

15100 N.W. 27TH AVENUE OPA LOCKA FL 33054 City-State-Zip: MIAMI FL 33136 City-State-Zip:

Title PD Title

Name DEDE, BRUNO Name FIORE, FRANK

Address 1220 S. STATE RD. 7 Address 11757 SW AQUILA WAY City-State-Zip: MIAMI FL 33023

City-State-Zip: PORT ST. LUCIE FL 34987

Title

PARLAVECCHIO, BARBARA Name

9021 TAFT ST. Address

PEMBROKE PINES FL 33024 City-State-Zip:

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

01/13/2023 SIGNATURE: FRANK FIORE PD