2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#715911

City-St-Zip:

SUNRISE, FL 33351

Entity Name: THE HOUSE OF HOPE, INC.

FILED Mar 11, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 908 SOUTHWEST 1ST ST. FT LAUDERDALE, FL 33312 **Current Mailing Address: New Mailing Address:** 908 SOUTHWEST 1ST ST FT LAUDERDALE, FL 33312 FEI Number: 23-7014595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIPITONE, GERALDINE MAY, MEACHAM & DAVELL, P.A. ONE FINANCIAL PLAZA 908 SW 1ST ST FORT LAUDERDALE, FL 33312 SUITE 2602 FORT LAUDERDALE, FL 333941697 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: WILLIAM DAVELL 03/11/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: TDS () Change () Addition () Delete SCHWARTZ, ROY I TREAS. Name: Name: 12233 NW 35TH ST. Address: Address: City-St-Zip: CORAL SPRING, FL City-St-Zip: Title: ED () Delete Title: () Change () Addition Name: PIPITONE, GERALDINE CEO Name: Address: 2018 N E 17TH CT #23 Address: City-St-Zip: FT LAUDERDALE, FL 33305 City-St-Zip: Title: VPD () Delete Title: () Change () Addition KASSOF, HOWARD V. PRES Name: Name: 1099 NW 87 AVE Address: Address: City-St-Zip: CORAL SPRINGS, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: KAUFMAN, JOYCE PRES. Name: 10966 NW 40TH ST Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GERALDINE PIPITONE ED 03/11/2002