

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90172 018 \*\*\*\*\*61.25

DOCUMENT # *N00000001719*

1. Entity Name

*HOPE and DREAMS FOUNDATION, INC.*



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*232 Andalusia Ave*

Suite, Apt. #, etc.

*200*

City & State

*Coral Gables, FL*

Zip

*33134*

Country

3. Mailing Address

*232 Andalusia Ave*

Suite, Apt. #, etc.

*200*

City & State

*Coral Gables, FL*

Zip

*33134*

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

*65-0990943*

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*Nora Bulnes*

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

*232 Andalusia Ave. Suite 200*

City

*Coral Gables*

FL

Zip Code

*33134*

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D NORA BULNES  
232 ANDALUSIA AVE. Ste 200  
CORAL GABLES, FL 33134*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D MICHAEL BULNES  
232 ANDALUSIA AVE. Suite 200  
CORAL GABLES, FL 33134*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D JUAN-CARLOS MACIAS  
11958 S.W. 72nd TERRACE  
MIAMI, FL 33183*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
*D ANDREA RODRIGUEZ-BULNES  
7841 S.W. 16th STREET  
MIAMI, FL 33155*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nora Bulnes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)