

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90386 001 ****61.25
03-17-2003 90386 002 ****8.75

DOCUMENT # **N.00000000143**

1. Entity Name **HISPANIC ORGANIZATION FOR
PROGRESS AND EMPOWERMENT
(HOPE)**



DO NOT WRITE IN THIS SPACE

55016770

2. Principal Place of Business

3501 NE 10th Street

Suite, Apt. #, etc.

114

City & State

OCALA, FL.

Zip

34470

Country

MARION

3. Mailing Address

P.O. Box 6238

Suite, Apt. #, etc.

City & State

OCALA, FL.

Zip

34478-6238

Country

MARION

4. FEI Number

59-3619335

Applied For

Not Applicable

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Milagros Rosa

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

9140 SE 107 PLACE

City

Belleview

FL

Zip Code

34420

**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

Milagros Rosa

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/03

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eduardo Canelon 2422 S.W. 20 Ct. OCALA, FL 34474-3498
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAGDA LANZA-HUBER 1526 SE 25 St. TERRACE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LUIS AIVA 3421 N.E. 2nd St. OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Milagros Rosa 9140 SE 107 PL Belleview, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICTOR TORRES 5979 N.E. 70 St. OCALA, FL 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAUSTO PAZMIN 2223 NE. 2nd St. OCALA, FL 34470

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**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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Milagros Rosa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

Date

(352)

629-0480

Daytime Phone #

CR2E037B (12/02)