

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002367

**Entity Name:** H.O.P.E. IN MIAMI DADE, INC.

**Current Principal Place of Business:**

50 BISCAYNE BLVD  
#1806  
MIAMI, FL 33132

**Current Mailing Address:**

50 BISCAYNE BLVD  
#1806  
MIAMI, FL 33132 US

**FEI Number:** 20-0005685

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PEREZ, TERESA A  
1300 NORTHWEST 167TH STREET  
SUITE 3  
MIAMI, FL 33169 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	PRESIDENT	Title	VP
Name	MARTINEZ, PEDRO A	Name	RICELLI, ILIANA M
Address	50 BISCAYNE BLVD #1806	Address	50 BISCAYNE BLVD #1806
City-State-Zip:	MIAMI FL 33132	City-State-Zip:	MIAMI FL 33132
Title	TREASURER	Title	SECRETARY
Name	CARDOUNEL, EDUARDO A	Name	GONZALEZ, LUIS F
Address	950 SW 104TH COURT #201	Address	14604 SW 60TH TERRACE
City-State-Zip:	MIAMI FL 33174	City-State-Zip:	MIAMI FL 33183

*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.*

**SIGNATURE: PEDRO A MARTINEZ** **PRESIDENT** **03/19/2018**  
\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail Date