

**2020 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  
Name            MARTINEZ, PEDRO A  
Address        50 BISCAYNE BLVD  
                  #1806  
City-State-Zip: MIAMI FL 33132

Title            VP  
Name            RICELLI, ILIANA M  
Address        50 BISCAYNE BLVD  
                  #1806  
City-State-Zip: MIAMI FL 33132

Title            TREASURER  
Name            CARDOUNEL, EDUARDO A  
Address        950 SW 104TH COURT  
                  #201  
City-State-Zip: MIAMI FL 33174

Title            SECRETARY  
Name            GONZALEZ, LUIS F  
Address        14604 SW 60TH TERRACE  
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**

**03/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date