

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709951

1. Entity Name

HOPE CENTER, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90141 002 ****70.00

Principal Place of Business
666 SOUTHWEST FOURTH STREET
MIAMI FL 33130-2315

Mailing Address
666 SOUTHWEST FOURTH STREET
MIAMI FL 33130-2315

00001700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0737623		Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PHELAN, AILEEN C/O HOPE CENTER 666 SW 4TH STREET MIAMI FL 33130		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT BLANK, TONY 9350 S DIXIE HIGHWAY 900 MIAMI FL 33156-2954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KAREN GOTTLIEB PO BOX 1388 COCONUT GROVE FL 33133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ADER, MARSHALL 1717 N BAYSHORE DR 2656 MIAMI FL 33129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VICE PRESIDENT MARY JO FRANCIS 550 NE 53rd STREET MIAMI FL 33137 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AISSEN, DAVID 12015 SW 94 TERRACE MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER GARY STEIN 11725 SW 69TH COURT MIAMI FL 33156 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HELLINGER, ANDREW 11500 SW 70 AVE MIAMI FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SHAUN ORCINOLO 1200 S PINE ISLAND RD # 300 PLANTATION FL 33324 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SHERWIN H. ROSENSTEIN 666 SW 4TH STREET MIAMI FL 33130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sherwin H. Rosenstein RECEIVED Sherwin H. Rosenstein CEO 1/4/2001 305-545-7572

0038201

CR2E037 (10/00)