2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 12, 2002 8:00 am
Secretary of State
02-04-2002 90166 032 ****70.00

DOCUMENT # 709951

1. Entity Name

HOPE CENTER, INC.

17184

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-0737623 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

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	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Vice President Shaun Orcinolo 1200 S. Pine Island Rd # 800 Plantation, FL 33324	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ADER, MARSHALL 1717 N BAYSHORE DR 2656 MIAMI FL 33129	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Treasurer Gary Stein 11725 SW 69 Court Miami, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T AISSEN, DAVID 12015 SW 94 TERRACE MIAMI FL 33186	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Secretary Randy Lichtman 8491 SW 85 Street Miami, FL 33143	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HELLINGER, ANDREW 11500 SW 70 AVE MIAMI FL 33156	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOTTLIEB, KAREN PO BOX 1388 COCONUT GROVE FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP FRANCIS, MARY JO 550 NE 53RD STREET MIAMI FL 33137	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: Karen M. Gottlieb Karen Gottlieb, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #