

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90049 030 ****70.00

DOCUMENT # 709951

1. Entity Name
HOPE CENTER, INC.



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

Mailing Address
**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

CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
NAME **ORCINOLO, SHAUN**
STREET ADDRESS **1200 S. PINE ISLAND RD. #800**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **2nd Vice President - Director** Change Addition
NAME **Leonard Berman**
STREET ADDRESS **8201 Pine Road**
CITY-ST-ZIP **Tamarac FL 33321**

TITLE **DT** Delete
NAME **STEIN, GARY**
STREET ADDRESS **11725 SW 69 COURT**
CITY-ST-ZIP **MIAMI-FL 33156**

TITLE **Treasurer** Change Addition
NAME **Richard Tuschman**
STREET ADDRESS **1200 Brickell Ave #1900**
CITY-ST-ZIP **Miami FL 33131**

TITLE **SD** Delete
NAME **LICHTMAN, RANDY**
STREET ADDRESS **8491 SW 85TH ST.**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **Secretary** Change Addition
NAME **Grace Pujol**
STREET ADDRESS **110 Salamanca #302**
CITY-ST-ZIP **Coral Gables FL 33134**

TITLE **PD** Delete
NAME **GOTTLIEB, KAREN**
STREET ADDRESS **PO BOX 1388**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Change Addition
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

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: *[Signature]* **SIGNATURE REQUIRED**

01/07/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)