

9/6/01-90246-001-\$70.00-\$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766650

1. Entity Name

FAITH - HOPE - LOVE FOUNDATION, INC.

Principal Place of Business

2301 N.W. 95TH STREET
MIAMI FL 33147

Mailing Address

2301 N.W. 95TH STREET
MIAMI FL 33147

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2527884

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COBB, ERNEST
3382 NW 151 TERRACE
OPA LOCKA FL 33054

7. Name and Address of New Registered Agent

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 reappointing)

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

T
NAME YOUNG, ELVA
STREET ADDRESS 2301 NW 95TH STREET
CITY-STATE-ZIP MIAMI FL ☐ Delete

P
NAME ALBURY, JAMES H.
STREET ADDRESS 2301 NW 95TH ST.
CITY-STATE-ZIP MIAMI FL 33147 ☐ Delete

STD
NAME ALBURY, BARRY TYRONE
STREET ADDRESS 41 W. 112TH STREET
CITY-STATE-ZIP NEW YORK NY ☒ Delete

D
NAME COBB, ERNEST
STREET ADDRESS 7781 NW 192 ST
CITY-STATE-ZIP MIAMI FL ☒ Delete

S
NAME GRANT, ZERONIE N
STREET ADDRESS 8430 EAST DIXIE HIGHWAY
CITY-STATE-ZIP MIAMI FL 33138 ☐ Delete

D
NAME ALBURY-HUNTER, RESA A
STREET ADDRESS 48 NORTH AVE
CITY-STATE-ZIP GREENWOOD NC ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/01 (305) 835-2586

FILED

01 SEP 20 AM 11:45

STATE OF FLORIDA
TALLAHASSEE

DO NOT WRITE IN THIS SPACE

CR2037 (10/00)