

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90003 016 \*\*\*111.25

**DOCUMENT # N00000000451**

1. Entity Name

**HAVEN OF HOPE MIAMI, INCORPORATED**

Principal Place of Business

2610 NW 119 STREET  
 MIAMI FL 33167

Mailing Address

2610 NW 119 STREET  
 MIAMI FL 33167

2. Principal Place of Business

2535 N.W. 118 ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

Zip

Country

33167

MIAMI-DADE

Zip

Country

4. FEI Number

63-0982655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GUTHRIE, ALBERT  
 2610 NW 119 STREET  
 MIAMI FL 33167

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 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUTHRIE, SONIA	
STREET ADDRESS	6004 NW 210 TERR.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HENRY, PANSY	
STREET ADDRESS	9740 ATLANTIC DRIVE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PEART, LYNETTE	
STREET ADDRESS	20009 NW 66 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUTHRIE, ALBERT	
STREET ADDRESS	6004 NW 201 TERR.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNOWLES, LIVINGSTON	
STREET ADDRESS	8925 NE 9TH COURT	
CITY-ST-ZIP	MIAMI SHORES FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEART, GUY	
STREET ADDRESS	20009 NW 66 PLACE	
CITY-ST-ZIP	MIAMI FL 33015	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDY, LLEWELYN	
STREET ADDRESS	3058 N.W. 203 LANE	
CITY-ST-ZIP	MIAMI, FL. 33056	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREARY, VASPENT	
STREET ADDRESS	3750 N.W. 204 ST.	
CITY-ST-ZIP	MIAMI, FL 33055	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEART, HECTOR	
STREET ADDRESS	8560 BHERATON DR.	
CITY-ST-ZIP	MIRAMAR, FL. 33025	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, KINGSLEY	
STREET ADDRESS	2118 PLUNKET ST.	
CITY-ST-ZIP	HOLLAND, FL. 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ALBERT GUTHRIE

6/4/01

305-623-9216

CR2E037 (10/00)

**HAVEN OF HOPE MIAMI, INC.** 2535 NW 118 Street, Miami, Fl. 33167

*A place where lives are turned around.*

attachment  
#120000000451  
A0073535

June 4<sup>th</sup>, 2001

Mr. Ronnie M. Greenman  
Regulatory Specialist 111  
Florida Department of Agriculture & Consumer Services  
The Capitol  
Second Floor, Mayo Building  
Tallahassee, Fl. 32399-0800

Re: Haven of Hope, Miami, Inc. (SC-10992)

Dear Sir,

I have received your letter of May 11, 2001 canceling the above Organization.

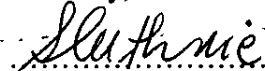
I hereby apologize for not returning the annual report form on time. This was a gross oversight on our part and we are willing to pay any late payment fee necessary to reinstate the above organization.

Haven of Hope, Miami, Inc. is still a young but valid organization designed to help the homeless, we are therefore requesting the reinstatement of Haven of Hope, Miami, Inc.

We are including the report and annual fee, please bill us for any additional fee that may be required for late filing.

Thank you Kindly for an early and positive response.

Sincerely,



Sonia Guthrie, President

2535 NW 118 Street, Miami, Florida. 33167. Phone 305-769-1420 Fax 305-769- 2977

"I was hungry, you fed me: Thirsty, you gave me drink: Homeless, and you took me in." (Matt. 25: 35)

Attachment  
#443634  
#382691  
A0073585

HABITAT DEVELOPMENT CORP

147 N.E. 7th Street  
Miami, Fla. 33132

June 12, 2001

FLORIDA DEPARTEMENT OF STATE  
Division of Corporations  
P.O.Box 1500  
Tallahassee, Florida 32302-1500

Re: Habitat Development Corp. FEI #59-1724251  
Habitat Realty, Inc. FEI #59-1843424

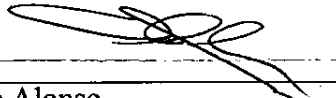
Gentlemen:

After having received the 2001 Uniform Business Reports for the above mentioned companies in the month of January, they were inadvertently misfiled in the wrong place. We just realized today that they had not been paid by May 1st as we have always done. We called your office and they told us to write a letter explaining the situation.

Enclosed are the checks and the UBR forms duly filled out. Please be so kind as to waive the extra fee for not filing by May 1st as this is the first time that this has happened to us.

Thanking you in advance for your courtesies and the attention given to this matter, I remain,

Cordially yours,



Jose Alonso  
305-374-7731