

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90776 027 *****61.25

DOCUMENT # N00000000451

1. Entity Name
HAVEN OF HOPE MIAMI, INCORPORATED



Principal Place of Business

**2535 NW 118 ST
MIAMI FL 33167**

Mailing Address

**2610 NW 119 STREET
MIAMI FL 33167**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0982655**

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

SIGNATURE

[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

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 type="checkbox"/> Addition
NAME	PEART, HECTOR	
STREET ADDRESS	8550 SHERATON DR.	
CITY-ST-ZIP	MIRAMAR, FL. 33025	
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		
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:

[Signature] **RECEIVED** Guthrie 4/28/03 305-769-1920

CR2E037 (10/02)