FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State DOCUMENT # N0000004942 1. Entity Name 05-08-2002 90028 026 ****61.25 H.O.P.E. HUMAN RESOURCE DEVELOPMENT, INC. Principal Place of Business Mailing Address 2305 SHERIDAN STREET 2305 SHERIDAN STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1027577 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JOHNSON, PATRICIA 2240 NW 171ST TERRACE CAROL CITY FL 33056 City 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 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Evans, (urtis TIŤLE (9/01) ☐ Delete Addition TITLE ☐ Change NAME JOHNSON, CONNAIL NAME 2301 Sheiidan Street STREET ADDRESS 2240 NW 171ST TERRACE STREET ADDRESS CITY-ST-ZIP CAROL CITY FL 33156 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAWSON, VIRGINIA NAME NAME STREET ADDRESS 3490 NW 6TH STREET STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL 33311 CITY-ST-ZIP Delete ☐ Change ☐ Addition SMITHN, EUGENE NAME STREET ADDRESS 505 NE 127TH STREET STREET ADDRESS CITY-ST-ZIP NORTH MIAMI FL 33161 CITY-ST-ZIP TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

MANAGED RECEIRED

☐ Delete

4/22/00

954-920-6368

Change

☐ Addition