2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N0000005150

COMUZZI, TARA J

MIAMI, FL 33181

11111 BISCAYNE BLVD., TOWER 2, APT. 617

Name:

Address:

City-St-Zip:

Entity Name: FROSENE SPIRIT OF HOPE FOUNDATION, INC.

FILED Feb 24, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4501 TAM SUITE 300 NAPLES, I		ORTH					
Current M	lailing Addre	ss:	New Ma	New Mailing Address:			
4501 TAM SUITE 300 NAPLES, I		ORTH					
FEI Number: 59-3662813 FEI Number Applied For () FEI N			FEI Number Not A	umber Not Applicable () Certificate of Status Desired ()		red()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C/O QUAF 4501 TAM NAPLES, I The above	FL 34103 US	Y LLP ORTH SUITE 300	e purpose of changir	ng its registered	d office or registered agen	t, or both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered A	\gent		Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	MICHAELS, M	EL RIDGE LANE	Title: Name: Address: City-St-Zi		() Change () Addition		
Title: Name: Address: City-St-Zip:	VPD (STUDDS, NIC 5839 N. BAY F MIAMI BEACH	ROAD	Title: Name: Address: City-St-Zi	STUDDS, NI 4403 PINE T			
Title:	TD () Delete	Title:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARIA MICHAELS PD 02/24/2003