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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

04-10-2001 90065 019 ****70.00

DOCUMENT # N00000006254

1. Entity Name

COMMUNITY HOPE, INC.

Principal Place of Business	Mailing Address
PO BOX 541556 OPALOCKA FL 33054	PO BOX 541556 OPALOCKA FL 33054

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
225 N.E. 34th Street	
Suite, Apt. #, etc. 806	Suite, Apt. #, etc.
City & State Miami Fl.	City & State
Zip 33137 Country MIAMI DADE	Zip Country

4. FEI Number 65-1044637 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, JR., LEROY 11537 NW 27TH AVE. MIAMI FL 33167	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME Smith, JR. Leroy STREET ADDRESS 11537 N.W. 27th AVE CITY-ST-ZIP MIAMI Fl. 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SVD NAME DAYS, Birtha STREET ADDRESS 7833 Granada Blvd. CITY-ST-ZIP MIRAMAR Fl. 33023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE CD NAME KEA, COUEIL STREET ADDRESS 1519 N.E. 154 Street CITY-ST-ZIP N. MIAMI BEACH Fl. 33162	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE TREASURER D NAME VERNON Blount STREET ADDRESS 5920 N.W. 14th Court CITY-ST-ZIP SUNRISE Fl. 33313	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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)(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: Leroy Smith SIGNATURE REQUIRED — 3-23-01 — 305-899-8311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)