

FILED

Jun 13, 2003 8:00 am
Secretary of State

04-30-2003 90027 043 ****70.00

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

DOCUMENT # NO1000001161

1. Entity Name

MELISSA'S HOPE FOUNDATION, INC.



Principal Place of Business

8955 NW 112TH TERR.
HIALEAH GARDENS FL 33018

Mailing Address

8955 NW 112TH TERR.
HIALEAH GARDENS FL 33018

55048075

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1119817

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOPEZ, MARLENE

8955 NW 112TH TERR.
HIALEAH GARDENS FL 33018

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, 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 FeesMake Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, MICHELLE	
STREET ADDRESS	8955 NW 112TH TERR.	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	

TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, LAZARO	
STREET ADDRESS	8955 NW 112TH TERR.	
CITY-ST-ZIP	HIALEAH GARDENS FL 33018	

TITLE	D	<input type="checkbox"/> Delete
NAME	RIOL, MARIA	
STREET ADDRESS	365 W. 50TH ST.	
CITY-ST-ZIP	HIALEAH FL 33012	

TITLE	Director	<input type="checkbox"/> Delete
NAME	Marlene Lopez	
STREET ADDRESS	8955 W. 112 Terrace	
CITY-ST-ZIP	Hialeah Gardens, FL 33018	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Chavijo	
STREET ADDRESS	8804 N.W. 109 Terrace	
CITY-ST-ZIP	Hialeah Gardens, FL 33018	

TITLE	Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jessica Collado	
STREET ADDRESS	8804 N.W. 109 Terrace	
CITY-ST-ZIP	Hialeah Gardens, FL 33018	

TITLE	Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eulalia Prats	
STREET ADDRESS	365 West 50 Street	
CITY-ST-ZIP	Hialeah, FL 33012	

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:

REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/03 (305) 828-8862

Date

Daytime Phone #

CR2E037 (10/02)