

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

05-23-2002 90015 043 ****61.25

DOCUMENT # N01000004663

1. Entity Name,
ROAD TO HOPE, INC.

Principal Place of Business Mailing Address
7231 S W 130TH AVENUE **7231 S W 130TH AVENUE**
MIAMI FL 33183 **MIAMI FL 33183**

42796



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
11115 SW 134 CT **11115 SW 134 CT**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI FL **MIAMI FL**

4. FEI Number Applied For
65-1127321 Not Applicable

Zip Country Zip Country
33186 **33186** **33186**

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

FABIO, DEBRA
7231 S W 130TH AVENUE
MIAMI FL 33183

Name **DEBRA FABIO**
 Street Address (P.O. Box Number is Not Acceptable)
11115 SW 134th COURT
 City **MIAMI** FL Zip Code **33186**

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 *Debra Fabio, President* 09-12-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be \$236.25.

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	<input type="checkbox"/> Delete
NAME	FABIO, DEBRA	
STREET ADDRESS	7231 S W 130TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DE LANDRO, NEVILLE	
STREET ADDRESS	709 E 96TH STREET	
CITY-ST-ZIP	BROOKLYN.NY. 11236	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SAMUEL, BRENDA	
STREET ADDRESS	1140 E 86TH STREET	
CITY-ST-ZIP	BROOKLYN NY 11236	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL ANN CLAPPRTON	
STREET ADDRESS	1581 FLAMINGO CT	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTHER PETERS	
STREET ADDRESS	10487 SW 216th STREET	
CITY-ST-ZIP	MIAMI, FL 33157	
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 REQUIRES~~ **DEBRA FABIO** 9/12/02 (305) 546-1516

CR2E037 (4/02)