

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90361 041 ****70.00

DOCUMENT # N01000006758

1. Entity Name

HOPE THRIFT CENTERS, INCORPORATED

Principal Place of Business

Mailing Address

**3111 SOUTHWEST 10TH ST
 POMPANO BEACH FL 33069-9902**

**3111 SOUTHWEST 10TH ST
 POMPANO BEACH FL 33069-9902**

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

31-1802933

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROUSSARD, ARNOLD A
 3111 SOUTHWEST 10TH ST
 POMPANO BEACH FL 33069-9902**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HOSKINS, BOB
 3111 SOUTHWEST 10TH ST
 POMPANO BEACH FL 33069-9902** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HOSKINS, ROB
 3111 SOUTHWEST 10TH ST
 POMPANO BEACH FL 33069-9902** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BROUSSARD, ARNOLD A
 3111 SOUTHWEST 10TH ST
 POMPANO BEACH FL 33069-9902** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TS ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 HOSKINS, GEORGE
 3111 SOUTHWEST 10TH ST
 POMPANO BEACH FL 33069-9902** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

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☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLD A. BROUSSARD

4/31/2002

975-7777

CR2E037 (9/01)