

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90009 034 \*\*\*\*70.00

**DOCUMENT # N01000008895**

1. Entity Name

**HOPE CENTER INTERNATIONAL MINISTRIES, INC.**

Principal Place of Business

Mailing Address

1815 PRINCETON LAKES DR #709  
 BRANDON FL 33511

1815 PRINCETON LAKES DR #709  
 BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BRANDON, FLORIDA

Zip

Country

Zip

Country

33509

USA

4. FEI Number

31-1809388

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

BILLINGSLEY, CAROTHERS  
 310 COUNTRY VINEYARD DR  
 VALRICO FL 33594

Name

AMARO-LAMAR

Street Address (P.O. Box Number is Not Acceptable)

209 E. CLUSTER AVE.

City

TAMPA

FL

Zip Code

33604

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

*Amaro Lamar*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/21/02

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

PD  
 DEAN, RANDY S SR  
 1815 PRINCETON LAKES DR #709  
 BRANDON FL 33511

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 DEAN, SHERRY B  
 1815 PRINCETON LAKES DR #709  
 BRANDON FL 33511

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 PINEDO, JUAN  
 1815 PRINCETON LAKES DR #709  
 BRANDON FL 33511

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 DE PINEDO, RAQUEL B  
 1815 PRINCETON LAKES DR #709  
 BRANDON FL 33511

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 BILLINGSLEY, CAROTHERS JR  
 310 COUNTRY VINEYARD DR  
 VALRICO FL 33594

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 AMARO LAMAR  
 209 E. CLUSTER AVE.  
 TAMPA, FL. 33604

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 BILLINGSLEY, KAREN  
 310 COUNTRY VINEYARD DR  
 VALRICO FL 33594

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

D  
 EUGLYN EVERETT  
 1712 E. SLIGH  
 TAMPA, FL. 33610

☒ 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

8/21/02 (813) 685-7461

Date

Daytime Phone #

CR2E037 (4/02)