2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000865

Entity Name: MIRACLES OF HOPE, INC.

FILED Apr 30, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
220 THREE ISLANDS BLVD. SUITE 201				430 SOUTH PARK ROAD # 207			
HALLANDALE, FL 33009				HOLLYWOOD, FL 33021			
Current Mailing Address:				New Mailing Address:			
220 THREE ISLANDS BLVD. SUITE 201 HALLANDALE, FL 33009				430 SOUTH PARK ROAD # 207 HOLLYWOOD, FL 33021			
FEI Number:	Number: 04-3614607 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and	Address of Co	ırrent Registered Agent:		Name and	Address of	New Registered Agent:	
FARNHAM, KATHERINE 220 THREE ISLANDS BLVD. SUITE 201 HALLANDALE, FL 33009 FARNHAM, KATHERINE 430 SOUTH PARK ROAD # 207 HOLLYWOOD, FL 33021 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or boin the State of Florida.							
SIGNATURE: 04/30/2003							
Electronic Signature of Registered Agent						Date	
OFFICERS	AND DIRECT			ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	D () I FARNHAM, KATH 220 THREE ISLA HALLANDALE, F D () I KICIMAN, PAMIF 2219 POLK STR HOLLYWOOD, F	Delete HERINE NDS BLVD., #201 L 33009 Delete EET #2B		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	D FARNHAM, K 430 SOUTH I HOLLYWOO D KICIMAN, PA 2219 POLK S HOLLYWOO	(X) Change () Addition KATHERINE PARK ROAD #207 D, FL 33021 (X) Change () Addition MIR STREET #2B	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	WEINTRAUB, RO 1320 S. DIXIE H CORAL GABLES	Delete DN WY STE 750 FL 33146 Delete COMMON TO THE TENT OF THE TEN		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:		()Change ()Addition ()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE FARNHAM D 04/30/2003