

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

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90232 020 ****61.25

DOCUMENT # **N 02000003699**

1. Entity Name:
**HOUSE OF HOPE AND LOVE FOR CHILDREN IN
HAITI, INC.**



DO NOT WRITE IN THIS SPACE

10104036

2. Principal Place of Business
17601 N.E. 9th AVENUE
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
N. MIAMI FLORIDA

City & State
Zip
33162 Country
DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0448159 Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

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

City **FL** Zip Code

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTP, Registered Agent Signature required when re-stating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR MONIQUE MANIGAT 2221 N.W. 43 TERRACE FT. LAUDERDALE, FL. 33309	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR JACQUELINE MANGONESS 351 S.W. 2 STREET BOCA RATON, FL. 33432	TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	DIRECTOR HILARD BEAUZILE 20325 HIGHLAND LAKE N.W. 8CH, FL. 33179	TITLE NAME STREET ADDRESS CITY ST ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all the like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/03

305-452-5522

CR2E037B (12/02)