

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

DOCUMENT # N02000005893

1. Entity Name

HOPE LIGHTHOUSE, INC.



FILED

03 NOV 19 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

18520 NW 67 Ave #178

18520 NW 67 Ave #178

Suite, Apt. #, etc.

Suite, Apt. #, etc.

178

178

City & State

City & State

Miami FL

Miami, FL

Zip

Zip

33015

33015

Country

Country

Dade

Dade

4. FEI Number

01-0740440

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Spiegel & Utrera

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

1840 Coral Way, 4th Floor

City

Miami

FL

Zip Code

33145

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.

Spiegel & Utrera, P.A.

SIGNATURE

By: *Natalia Utrera*

11/18/03

Signature, typed or printed name of registered agent and title of the entity (Signature required when reinstating)

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  
Lazara M. Galvez  
5761 NW 194 Street Miami FL  
33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Miguel G. Galvez  
5761 NW 194 Street, Miami FL  
33015

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Eduardo A. Galvez  
3725 SW 153 Pl, Miami FL

TITLE  
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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Lazara M. Galvez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-10-03

Date

Daytime Phone #

CR2037R (12/02)



**HOPE  
LIGHTHOUSE, INC**

**18520 NW 67 Avenue #178  
Miami, FL 33015**

**November 10, 2003**

**Florida Department of State  
Division of Corporation  
Annual Report /Reinstatement Section  
P O BOX 6327  
Tallahassee, Fl 32314-6327**

**RE: HOPE LIGHTHOUSE DOCUMENT #N02000005893**

**To Whom It May Concern:**

**Please be advised that we never received the Uniform Business Report and hereby request reinstatement to active status.**

**See attached application for reinstatement with the UBR filling fee of \$61.25, plus \$8.75 additional fee for certificate of status.**

**Thanking you in advance.**

**Sincerely,**

*Lazara M. Galvez*  
**Lazara M. Galvez  
President**