

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22722

1. Entity Name

H.O.P.E. OUTREACH MINISTRIES, INC.

Principal Place of Business

3271 W BROWARD BLVD  
FORT LAUDERDALE FL 33311

Mailing Address

4570 NW 70TH AVE  
LAUDERHILL FL 33319-4044

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0011309

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LLOYD, FRANK  
4570 NW 70TH AVE  
LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME LLOYD, ELDER FRANK  
STREET ADDRESS 4570 NW 70TH AVE  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE VD ☐ Delete  
NAME LLOYD, JACQUELINE  
STREET ADDRESS 4570 NW 70TH AVE  
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE SD ☐ Delete  
NAME LEFRAN, JARON  
STREET ADDRESS 2541 NW 56TH AVE  
CITY-ST-ZIP FORT LAUDERDALE FL 33313

TITLE TD ☐ Delete  
NAME ARRANDA, JACQUINTA  
STREET ADDRESS 3651 NW 2ND ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000 (954) 748-8797  
Date Daytime Phone #

FILED  
May 16, 2000 8:00 am  
Secretary of State

05-16-2000 90103 008 \*\*\*\*75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)