

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90058 036 \*\*\*\*70.00

**DOCUMENT # N29076**

1. Entity Name

**HOUSING OPPORTUNITIES PROJECT FOR EXCELLENCE, IN  
 C. (HOPE, INC.)**

Principal Place of Business

Mailing Address

1841 N.W. 2ND AVENUE  
 SUITE 218  
 MIAMI FL 33169

18441 N.W. 2ND AVENUE  
 SUITE 218  
 MIAMI FL 33169  
 US

00037415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0108794

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, WILLIAM, JR**  
**18441 N.W. 2ND AVENUE**  
**SUITE 218**  
**MIAMI FL 33169**

Name **Thompson, William, Jr.**

Street Address (P.O. Box Number is Not Acceptable)  
**18441 N.W. 2nd Avenue**

**Suite 218**

City **Miami**

**FL** Zip Code **33169**

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

**William Thompson, Jr.**

**4/15/02**

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☐ Delete  
 NAME **GARMAN, MELANIE H**  
 STREET ADDRESS **220 ALHAMBRA CIRCLE**  
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE **VC** ☐ Delete  
 NAME **BANCROFT, NORMA**  
 STREET ADDRESS **15037 SW 141ST TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33196**

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

TITLE **TD** ☐ Delete  
 NAME **KENNEDYS, KARL D**  
 STREET ADDRESS **1205 DREXEL AVE., 2ND FLOOR**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

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

TITLE **SD** ☐ Delete  
 NAME **SALICHS, SUZANNE**  
 STREET ADDRESS **3300 NW 32ND AVE., SUITE 207**  
 CITY-ST-ZIP **MIAMI FL 33142**

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

TITLE **PCEO** ☐ Delete  
 NAME **THOMPSON, WILLIAM JR**  
 STREET ADDRESS **18441 N.W. 2ND AVENUE**  
 CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE ☐ Delete  
 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:**

*William Thompson, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**William Thompson, Jr. 4/15/01 (305) 651-4673**

Date

Daytime Phone #

CR2E037 (9/01)