

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90277 020 \*\*\*\*75.00

**DOCUMENT # N29076**

1. Entity Name

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



Principal Place of Business

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

Mailing Address

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

**11032280**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0108794**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William Thompson, Jr.*

**William Thompson, Jr. / President & CEO 4/25/03**

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  
Florida 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 **Donna Crump-Butler**  
STREET ADDRESS **7815 NW 148th Street**  
CITY-ST-ZIP **Miami Lakes, FL 33016**

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.*

**William Thompson, Jr. President & CEO 4/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)