## 2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N32823** 1. Entity Name ZION'S HOPE INC.

## FILED Jun 03, 2002 8:00 am Secretary of State 06-03-2002 91163 024 \*\*\*\*61.25

Principal Pla										
· /	ace of Busines	S	Mailing Address							
4655 VINELAND ROAD ORLANDO FL 32811 US			P O BOX 690909 ORLANDO FL 32869 US							
2. Principal	Place of Busin	ess	3. Mailing Address							
Suite, Apt. #, etc.		·	Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
City & State			City & State		··· ,			<del></del>	Applied For Not Applicable	
Zip Country			Zip	Cour	try			¬ \$8.75 A	3.75 Additional	
	6. Name	and Address of Current	 Registered Agent	<u> </u>	<del>-</del>	7 Name and Ad	dress of New Regist	Fee Requi	red	
·					Name -	7. Ivaline and Ad-				
CHARLES MORGAN, ESQ.				-	Street Address (P.O. Box Number is Not Acceptable)					
	6 MUHGAN, 1 1. 167TH STF			Street Address		s (F.O. Box Number is Not Acceptable)				
MIAMI FL		ICC I					•			
	00.00				City	<del></del>		FL Zip Co	de	
• The above	o named entity	s submits this statement for	the purpose of changing it					<u> FL</u>		
SIGNATURE		or printed name of registered agent a	nd title if applicable. (NO	TE: Registered /	gent signature req	uired when reinstating)		DATE		
CILC NUME CC IS SOLVS				ampaign Fin Contribution	~ —	<b>\$5.00</b> May Be Added to Fees		Check Payable		
10.									j	
10.		OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANG	ES TO OFFICERS AN	ND DIRECTORS I		
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TITLE NAME	ROSENTHA	L, MARVIN		TITLE NAME		ADDITIONS/CHANG	SES TO OFFICERS A		N 10	
TITLE NAME STREET ADDRESS	ROSENTHA 4655 VINEL	il, marvin And road		TITLE NAME STREET	ADDRESS	ADDITIONS/CHANG	ES TO OFFICERS AF		N 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROSENTHA 4655 VINEL ORLANDO	il, marvin And road	☐ Delete	TITLE NAME STREET CITY-S		ADDITIONS/CHANG	ES TO OFFICERS AF	☐ Change	N 10 Addition	
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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 a other like an average.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

The DUMARVIN J. Rosenthal 5/29/02 407-872-2272