

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000454

1. Entity Name

A PLACE CALLED HOPE, INC.

Principal Place of Business

13876 SW 56TH STREET
SUITE 289
MIAMI FL 33175

Mailing Address

13876 SW 56TH STREET
SUITE 289
MIAMI FL 33175

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

65-0390270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

J C VALDES
15050 SW 45 TERR
MIAMI FL 33185

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

4/25/01

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 D ☐ Delete
NAME VALDES, JUAN CARLOS
STREET ADDRESS 15050 SW 45 TERR
CITY-ST-ZIP MIAMI FL 33185

TITLE D ☐ Delete
NAME PERAZA, MIGUEL A
STREET ADDRESS 2523 SW 99TH PLACE
CITY-ST-ZIP MIAMI FL 33165

TITLE D ☐ Delete
NAME VALDES, J. L.
STREET ADDRESS 545 STONE HAVEN DRIVE
CITY-ST-ZIP FAYETTEVILLE GA 30215

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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.

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90035 014 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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