FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am DOCUMENT # N9300003585 **Secretary of State** 1. Entity Name 02-19-2001 90036 040 ****70.00 NEW HOPE WOMEN'S HOME, INC. Principal Place of Business Mailing Address 17130 S.W. 137 AVENUE P.O. BOX 570431 MIAMI FL 33177 **MIAMI FL 33257** LIS IIS. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0440678 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ALVAREZ, MANUEL 17130 SW 137 AVE MIAMI FL 33177 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. President Addition TITLE D Delete TiT) F ☐ Change Jim Hill 12460 SW 186 St. NAME NAME ARMSTRONG, QUEEN E STREET ADDRESS STREET ADDRESS 14440 TYLER STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Miami .FL. ☐ Change 🛣 Delete TIT! F TITLE Prosident - Emeritus STINSON, ROBERT NAME Gregory Davis NAME 7 Avenue STREET ADDRESS STREET ADDRESS 2351 SE 12TH AVE CITY-ST-ZIP ĈITY-ST-ZIP Homestend HOMESTEAD FL vice - president Delete ☐ Change Addition TITLE NAME MRS AIDA DIEGO NAME Carbo 8855 SW 54 Street STREET ADDRESS STREET ADDRESS 6421 S.W. 16 TERRACE CITY-ST-7IP CITY-ST-7IP MIAMI FL Miamizel. 33165 ☐ Delete TITLE Change Addition TITLE secretary-treasures Richard A. Williams 9221 Ridgeland Drive NAME MR MANUEL A. ALVAREZ NAME STREET ADDRESS STREET ADDRESS Miami, Fl. 331 9552 S.W. 165 STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 330 Board member TITLE ☐ Delete TITLE Change Addition NAME NAME A: Paul BISMORK STREET ADDRESS STREET ADDRESS 14951 50 ziz śtreet Miomi, Fl. 33187 CITY-ST-ZIP CITY-ST-ZIP X Addition Change TITLE Delete TITLE Board Member NAME NAME Howard STREET ADDRESS STREET ADDRESS 27535 SW 167 AVENUE CITY-ST-ZIP CITY-ST-ZIP **€**1. <u>33030</u> Homestead

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 eath; 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

2-13-01

305-278-2773

Daytime Phone #