

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000001784

1. Entity Name

CHILD HOPE, INC.

Principal Place of Business

7700 W 20 AVE  
SUITE A  
HIALEAH FL 33016-1859  
US

Mailing Address

7700 W 20 AVE  
SUITE A  
HIALEAH FL 33016-1859  
US

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

65-0486169

Applied For

Not Applicable

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

OSMAN, L M  
1474-A WEST 84TH ST.  
HIALEAH FL 33014-3363

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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          | P                         | <input type="checkbox"/> Delete            |
| NAME           | DELOACH, DAN              |  |
| STREET ADDRESS | 1101 SWAN AVENUE          |  |
| CITY-ST-ZIP    | MIAMI SPRINGS FL 33166    |  |
| TITLE          | ED                        | <input type="checkbox"/> Delete            |
| NAME           | BROWN, GEORGE M           |  |
| STREET ADDRESS | 7764 WEST 16TH AVE.       |  |
| CITY-ST-ZIP    | HIALEAH FL 12             |  |
| TITLE          | VP                        | <input checked="" type="checkbox"/> Delete |
| NAME           | MARTIN, FRANK             |  |
| STREET ADDRESS | 8538 GLENEAIRN LANE       |  |
| CITY-ST-ZIP    | MIAMI LAKES FL 33016-1466 |  |
| TITLE          | TD                        | <input type="checkbox"/> Delete            |
| NAME           | SCHULZ, JOHNNY            |  |
| STREET ADDRESS | 2921 N 66 AVE             |  |
| CITY-ST-ZIP    | HOLLYWOOD FL              |  |
| TITLE          | SD                        | <input type="checkbox"/> Delete            |
| NAME           | OSMAN, MICHAEL L.         |  |
| STREET ADDRESS | 15820 TURNBERRY DR.       |  |
| CITY-ST-ZIP    | MIAMI LAKES FL            |  |
| TITLE          |                           | <input type="checkbox"/> Delete            |
| NAME           |                           |  |
| STREET ADDRESS |                           |  |
| CITY-ST-ZIP    |                           |  |

|                |                      |  |
|----------------|----------------------|--|
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          | D<br>Thomas Campbell | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | 17801 NW 22nd Avenue |  |
| STREET ADDRESS | Opa Locke FL 33056   |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                      |  |
| STREET ADDRESS |                      |  |
| CITY-ST-ZIP    |                      |  |
| TITLE          |                      | <input type="checkbox"/> Change <input type="checkbox"/> 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:

*George M. Brown*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/00  
Date

305-822-9239  
305-827-9492  
Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)