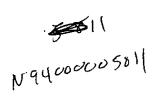
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9400005811 May 05, 2000 8:00 am Secretary of State 1. Entity Name HOPE WORLDWIDE - FLORIDA, INC. 05-05-2000 90091 024 ****70.00 Mailing Address Principal Place of Business 15175 EAGLE NEST LN 15175 EAGLE NEST LN -400-MIAMI LAKES FL 33014 MIAMI LAKES FL 33014-2244 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # 10 # 101 Applied For City & State City & State 4. FEi Number 59-3284296 Not Applicable Country ZipCountry \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BOYLES, WILLIAM A 201 EAST PINE ST. **SUITE 1200** City Zip_Code. ORLANDO FL-32801 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing **FILE NOW:** Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Correction ☐ Delete TITLE ☐ Addition TITLE NAME NAME MCCORMICK, TODD D 18910 W.Oakmont Dr. STREET ADDRESS STREET ADDRESS 6835 OUFEN PALM TERR Hialcah, FL 33015 CITY-ST-ZIP CITY-ST-ZiP <u>Miami Lakes FL 33014</u> ☐ Addition TITLE ☐ Change ☐ Delete TITLE D NAME NAME BATTLE, KARLYN STREET ADDRESS STREET ADDRESS 2051 NE 214TH TERR CITY-ST-ZIP CITY-ST-ZIP N MIAMI FL 33179 ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME LEE, JEFF NAME STREET ADDRESS 7824~SW~165~ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP <u>MIAMI FL 33157</u> Correction **Change** ☐ Addition ☐ Defete TITLE AVILA, JOE NAME ANIA. JOE L STREET ADDRESS STREET ADDRESS 7941 NW 3RD ST CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 (X) Change TITLE ☐ Defete ☐ Addition HERRON, CHANTAL NAME HAFKE, CHANTAL STREET ADDRESS STREET ADDRESS 20481 NE 10TH PL CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33179</u> ☐ Delete ☐ Addition NAME REHMAN, GRACE NAME STREET ADDRESS STREET ADDRESS 4215 NW 168 TERR CITY-ST-ZIP CITY-ST-ZIP <u>MIAMI FL 33055</u> 12. Thereby 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

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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

of the corporation or the receiver or trustee empowered to execute this report as



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Additional Officers

Treasurer Mati Jones 7125 N.W. Miami Gardens Dr., #511 Miami Lakes, FL 33015

Secretary Matthew Kuchar 14121 Langley Place Davie, FL 33325