

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004142

1. Entity Name  
HOPE BIBLE BAPTIST CHURCH, INC

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90148 031 \*\*\*\*70.00

Principal Place of Business Mailing Address  
17021 N.W. 17th Ave 17021 N.W. 18th Ave  
Carol City Fl 33056 Carol City Fl. 33056

000J4000

2. Principal Place of Business 3. Mailing Address  
16820 N.W. 17 Ave 17021 N.W. 18 Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
Carol City Fl. Carol City Fl.  
Zip Country Zip Country  
33056 Dade 33056 Dade  
4. FEI Number 65-0779880 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

Harris, Norma  
17021 N.W. 18th Ave  
Carol City Fl. 33056

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 *Norma Harris*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/1/00  
DATE

**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

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PVST ☐ Delete  
NAME Harris, Norma  
STREET ADDRESS 17021 N.W. 18 Ave  
CITY-ST-ZIP Carol City Fl 33056

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Sec. ☐ Delete  
NAME Alvin Shaquivia  
STREET ADDRESS 11 N.W. 177 Street  
CITY-ST-ZIP Miami, Fl 33169

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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.

SIGNATURE: *Norma Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00  
Date

Daytime Phone #

CR2E037 (9/99)