

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90388 037 ****70.00

DOCUMENT # N96000000371

1. Entity Name

FOOTPRINTS OF HOPE, INC.

Principal Place of Business

~~2608 NE 33 ST~~
~~FT LAUDERDALE FL 33306~~

Mailing Address

~~2608 NE 33 ST~~
~~FT LAUDERDALE FL 33306~~

2. Principal Place of Business

New address
6500 NE 21 Ave
 Suite, Apt. #, etc.
FT LAUD, FL
 City & State

3. Mailing Address

Box 5592
 Suite, Apt. #, etc.

City & State

FT LAUDERDALE- FL

4. FEI Number

65-0652828

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TORTORIELLO, JOHN

~~2608 NE 33 ST~~
~~FT LAUDERDALE FL 33306~~

New address

6500 NE 21 Ave
FT LAUD, FL
33308

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.

and Agent signature required when reinstating)

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

TITLE **D** ☐ Delete
 NAME **TORTORIELLO, JOHN**
 STREET ADDRESS **2608 NE 33 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE **D** ☐ Delete
 NAME **TORTORIELLO, MARY K**
 STREET ADDRESS **2608 NE 33 ST**
 CITY-ST-ZIP **FT LAUDERDALE FL 33306**

TITLE **D** ☐ Delete
 NAME **MARTINO, KAREN**
 STREET ADDRESS **850 HUNTINGTON ROAD**
 CITY-ST-ZIP **MARIETTA GA 30060**

TITLE **D** ☐ Delete
 NAME **WHEELER, DENISE**
 STREET ADDRESS **2154 HWY 231**
 CITY-ST-ZIP **PELHAM AL 35124**

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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)