

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90107 018 ****61.25

DOCUMENT # N96000005622

1. Entity Name

NEW HOPE DROP IN CENTER, INC.

Principal Place of Business

**1251 NORTHWEST 36TH STREET
MIAMI FL 33142**

Mailing Address

**1251 NORTHWEST 36TH STREET
MIAMI FL 33142**

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

65-0731490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILSON, CAROLYN Y
15600 NW 7TH AVENUE #621
MIAMI FL 33169**

7. Name and Address of New Registered Agent

Name

Carolyn Y. Wilson

Street Address (P.O. Box Number is Not Acceptable)

17600 N.W. 5th Avenue #901

City

Miami,

FL

Zip Code

33169

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**

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 **CD** ☐ Delete
NAME **RICHARDSON, J W**
STREET ADDRESS **1251 NORTHWEST 36TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **VCD** ☐ Delete
NAME **MCKOY, ASTLEY L**
STREET ADDRESS **1251 NORTHWEST 36TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **TD** ☐ Delete
NAME **WATTS, STEVEN W**
STREET ADDRESS **1251 NORTHWEST 36TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Delete
NAME **FORMAN, MARTI E**
STREET ADDRESS **1251 NORTHWEST 36TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **SD** ☐ Delete
NAME **SMITH, MAGALY C**
STREET ADDRESS **1251 NORTHWEST 36TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

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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CITY-ST-ZIP

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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:

Carolyn Y. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 2001 3056352297
Date Daytime Phone #

CR2E037 (10/00)