

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90462 019 ****70.00

DOCUMENT # N97000003483

1. Entity Name
**HOME OWNERSHIP AND PERSONAL ENRICHMENT (H.O.P.E.
) INC.**



Principal Place of Business

**2261 NW 58 ST
MIAMI FL 33142**

Mailing Address

**2261 NW 58 ST
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 **65-0761739**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JONES, WILLIE J
2261 NW 58 ST
MIAMI FL 33142**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

2/27/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | JONES, WILLIE J | |
| STREET ADDRESS | 2261 NW 58 ST | |
| CITY-ST-ZIP | MIAMI FL 33142 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | FRANCOIS, BRENDA S | |
| STREET ADDRESS | 556 NE 69TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33138 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | JONES, HELEN W | |
| STREET ADDRESS | 2261 NW 58 TH STREET | |
| CITY-ST-ZIP | MIAMI FL 33142 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | JONES, GERTCHEN | |
| STREET ADDRESS | 2025 N.W. 132 ST | |
| CITY-ST-ZIP | MIAMI FL 33167 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MARTINEZ, AUDREY | |
| STREET ADDRESS | 6501 SW 58TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33143 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BOISNOTE, NORMA | |
| STREET ADDRESS | 40 NW 71 STREET | |
| CITY-ST-ZIP | MIAMI FL 33150 | |

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Berry Shirley | |
| STREET ADDRESS | 2210 N.W. 155th Street | |
| CITY-ST-ZIP | MIAMI FL 33054 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bill Rice | |
| STREET ADDRESS | 4699 N.W. 27th Ave | |
| CITY-ST-ZIP | MIAMI | |
| 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 | | <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 or other like empowered.

SIGNATURE: **WILLIE JONES**

2/27/03

305-634-7659

CR2E037 (10/02)