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2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9800004617 HOPE FOR THE HANDICAPPED INTERNATIONAL, INC.					FILED May 15, 2001 8:00 am Secretary of State 05-15-2001 90046 020 ****61.25			
Principal Place of Business 1183 N.E. 99TH ST MIAMI SHORES FL 33138-2640 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 1183 N.E. 99TH ST MIAMI SHORES FL 33138-2640 3. Mailing Address Suite, Apt. #, etc. City & State			100000 TO T			
				DO NOT WRITE IN THIS SPACE				
				4. FEI Number 59-3592539 Applied For				Д
Zip	Country	Zip	Country	5. Certificat	re of Status Desired	\$8.75 Add		
	6. Name and Address of Current R	egistered Agent	Name	7. Name ar	d Address of New Regist	tered Agent		
TENNEY, NORA M 1183 N.E. 99TH ST		Street Address		dress (P.O. Box Number is Not Acceptable)				
	MI SHORES FL 33138-2640							
8. The above named entity submits this statement for the purpose of changing				City FL Zip Code				
SIGNATURE	Mora M. Jennu Signature, typed or printed name of registered agency FILE NOW: FEE IS \$61.25	Wille if applicable. (NOTE: R 9. Election Campaign F Trust Fund Contributi	legistered Agent signatu	re required when reinstating) \$5.00 May Be Added to Fees		DATE 200		
10.	OFFICERS AND DIRE		11.		HANGES TO OFFICERS A			1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICKS, JEAN A 3191/2 MAIN STREET LAKEFIELD MN 56150	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SSG Rober USMILGP RFO AA 34	unit 3301	☐ Change	Addition	CR2E037 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARLOWE, WEBSTER 121 KIRKLAND ST PALATKA FL 32177	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TENNEY, NORA M 1183 N.E. 99TH ST MIAMI SHORES FL 33138-2640	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODWARD, MARC 897 PINE ST TOLEDO OH 43551	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jongeling, Karla	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRITZMACHER, RUTH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

I hereby certify that the information supplied with this illing does not quality for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is fire land 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: Mora

4/27/2001 305-759-0958