

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004722

1. Entity Name

HOPE FOR ALL INC.

FILED

May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90341 007 \*\*\*\*61.25

0012799

Principal Place of Business

Mailing Address

1410 W. 30TH ST.  
ORLANDO FL 32805

1410 W. 30TH ST.  
ORLANDO FL 32805

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

59-3533561

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

COOPER, ROSIE  
1410 W. 30TH ST.  
ORLANDO FL 32805

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.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME HENDERSON, LOUIS  
STREET ADDRESS 4645 CONLEY STREET  
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

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

TITLE TD  
NAME COOPER, ROSIE  
STREET ADDRESS 5425 PINE CHASE DRIVE #8  
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 5743 Westview Drive  
CITY-ST-ZIP Orlando, Florida 32810 ☒ Change ☐ Addition

TITLE SD  
NAME ANDERSON, JOSEPH  
STREET ADDRESS 1421 WEST 30TH STREET  
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

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

TITLE  
NAME Ro  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE D  
NAME Robin Ross  
STREET ADDRESS 4645 Malibu Street  
CITY-ST-ZIP Orlando, Fla. 32811 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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: *Rose* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02 (407)843-8892

CR2E037 (9/01)