APPROVED
AND
FILED

01 DEC 28 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000007125

1. Entity Name

A NEW HOPE FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
7100 PINES PLAZA, INC Pembroke Pines, FL	

2. Principal Place of Business	3. Mailing Address
P.O. Box 820686	P.O. BOX 820686
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pembroke Pines	City & State: Pembroke Pines, FL
Zip: 33082 Country	Zip: 33082 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650889067 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Jose A. Rivera 18025 SW 13 ST. Pembroke Pines, FL 33029	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: Jose A. Rivera — December 4, 2001
(Signature, type or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: PHOTO AUTO

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete OLTIZ, LUIS 13225 NW. 9 CT Pembroke Pines, FL 33028	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600004749706---4 -01/04/02--01006--003 *****600.00 -*****300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete SD RAFAEL CASOLA 910 SW 99 PL, MIAMI, FL 33174	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 600004749705---4 -01/04/02--01006--010 *****8.75 -*****8.75
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

CR2E037 (11/00)

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: Jose A. Rivera — December 4 2001
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

A NEW HOPE FELLOWSHIP, INC.
DOC.#N98000007125

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I AM SENDING A THE ANNUAL REPORT ALONG WITH ALL THE CORRECTIONS REQUESTED BY YOUR OFFICE I BELIEVE YOUR OFFICE HAS THE MONEY ALREADY APPLIED TO THE ABOVE MENTIONED CORP. I FOUND OUT THAT THE COMPANY WAS NOT YET ACTIVE A THROUGH A BANKING TRANSACTION AND THEREFOR I AM SENDING YOU THIS LETTER ALONG WITH THE REPORT AS YOU REQUESTED.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .

CORDIALLY
JOSE A. RIVERA
PRESIDENT/D

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.
(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)

CORAL GABLES, FL 33134 305-444-4994
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. A New Hope Fellowship, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
X	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
01 DEC 28 AM 11:24
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA