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DOCUMENT # N990	000001667				12000		
427 HOPE, INC.				FILED			
Principal Place of Business 2001 PALM BEACH LAKES BOULEVARD SUITE 500 WEST PALM BEACH FL 33409	SUITE 500	2001 PALM BEACH LAKES BOULEVARD		O1 OCT 25 PM 6: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State	City & State	City & State		59-2690393	Applied For Not Applicab	ole	
Zip Country	Zip	Country	5. Certificate of S		3.75 Additional e Required		
6. Name and Address of WALKER, DAVID 2001 PALM BEACH LAKES BOULEV SUITE 500 WEST PALM BEACH FL 33409		Bruce HA/S Address (P.O. Box Number is	PAIM Beach lake Blud ste 500				
8. The above named entity submits this state SIGNATURE Signature, typed or printed name of regist FILE NOW: FEE IS \$61.	ered agent and title if applicable. (NOTE:	egistered office	or registered agent, or both, in	the state of Florida. 9//0/ DATE Make Check P	(6)		
After September 12, 2001, min. wil			Added to Fees	Department			
TITLE NAME STREET ADDRESS CITY-ST-ZIP COLEMAN, PREWITT STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH LAKE WEST PALM BEACH FL ST		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAMI	Tisner	CTORS IN 10 Change Addition	S S S S S S S S S S S S S S S S S S S	
TITLE VD NAME STIEBEL-CHIN, GRETA STREET ADDRESS 2001 PALM BEACH LAKE	VD Delete D TITLE STIEBEL-CHIN, GRETA 2001 PAI M REACH LAKES BLVD. SUITE 500 STREETADD			Rusliand Riley D			
	WEST FALM DEACH FL 33409		MEST PAIM BEACH Vest PAIM BLACK MARY DAY - 50 9043 E HIGH PALM BCH JAR	LAND PINESBING DENS FL 33418	Change Addition	on .	
TITLE S HODGE, TANYA STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 3	,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	60	00046292 -10/10/01010	021001		
TITLE OD WILLIAMS, JUAN STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL ST	-	TITLE NAME STREET ADDRESS CITY-ST-ZIP		****245.00 d	Hande I admin	on .	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WCAT PAIM BEN	L BIVD STE. 500			
12. I hereby certify that the information supp indicated on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with an ac-	ddress, with all other like empowered.			•		- (
SIGNATURE:	MUSITE PERSUAR	Pin Bi	euce A. HAIStex	d 9/10/01 56	1-697-260	0	