

2000 UNIFORM BUSINESS REPORT (UBR)

PS192

DOCUMENT # N99000005825/Letter #-800A00061278

(Received 2 weeks ago due to several change of address)

1. Entity Name

Hope Klaas/v Case

FILED

01 MAY -3 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
545 E. Campus Circle
Ft. Laud. Fl. 33312
P.O. Box 5164
Ft. Lauderdale Fl.
33310-5164

2. Principal Place of Business

3. Mailing Address

545 Campus Circle

P.O. Box 5164

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Laud., Florida

City & State

Ft. Laud. Florida

Zip

33312

Country

Zip

33310-5164

Country

4. FEI Number

31-1697376

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

Name

Street Address (P.O. Box Number is Not Acceptable)

500004164155-1

-05/09/01--01018--001

City

*****70. FL *****70.00

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

See attached page for 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 NAME STREET ADDRESS CITY-ST-ZIP	President (D) Ruby M. Branch 1025 W. Prospect Rd. Ft. Laud. Florida 33309	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Director (D) Nicholas Branch 1025 W. Prospect Rd. Ft. Laud. Florida, 33309	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer (D) Donald Grant 430 Arizona Ave Ft. Laud. Florida, 33312	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Carlene Mcleod 4724 NW 4th Court, Plantation Florida 33317	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Dr. David R. Williams 3875 Oak Drive Ypsilante, Mi. 48197	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Board Member Josephus Eggelletion 4315 State Rd-7 Lauderdale Lakes, Fl. 33319	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Research Studies Director (D) Dr. Kenneth Ned. Jackson Memorial Hosp 1611 NW 12 Ave. Miami Fl. 33136	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

Nicholas Branch

Nicholas Branch

02/28/01

954 765-6882

938-9870

SP

CR2E037 (9/99)

Jan 02 01 07:32p
MAY 3 2001 3:16PM

NO.688 P.2/2

Pg 29

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City & State

Ft. Laud. Florida

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33312

Country

Zip

33310-5164

Country

DO NOT WRITE IN THIS SPACE \$70.00
06/29/00 9039 7048

4. FEI Number

31-1697376

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Ruby M Branch

1025 W. Prospect Rd.

Ft. Lauderdale Fl. 33309

7. Name and Address of New Registered Agent

Name Nicholas Branch

Street Address (P.O. Box Number is Not Acceptable)

1025 W. Prospect Rd

City

Ft. Lauderdale

FL

Zip Code 33309

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, Used or printed name of registered agent and his or her address

(NOTE: Registered Agent signature required when re-designating)

DATE

9. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 7, 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:

Nicholas Branch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 765-6882

Date

02/28/01

938-9870

Office Phone #