

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000030683

1. Entity Name
I. HOPE ENTERPRISE, INC.

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90266 033 ***150.00

Principal Place of Business

175 WEST CAMINO REAL
BOCA RATON FL 33432

Mailing Address

175 WEST CAMINO REAL
BOCA RATON FL 33432

UUU14300



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9843 NW 57th Manor

Suite, Apt. #, etc.

3. Mailing Address

9843 NW 57th Manor

Suite, Apt. #, etc.

City & State

Coral Springs FL

Zip 33076

Country USA

City & State

Coral Springs FL

Zip 33076

Country USA

4. FEI Number

65-0994928

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HIRSCH, DAVID K
175 WEST CAMINO REAL
BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Ilene Silverman
Street Address (P.O. Box Number is Not Acceptable)
9843 NW 57th Manor
City Coral Springs FL Zip Code 33076

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

Ilene Silverman

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D.P.
NAME Ilene Silverman ☐ Delete
STREET ADDRESS 9843 N.W. 57th Manor
CITY-ST-ZIP Coral Springs FL 33076

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D.P. ☐ Change ☐ Addition
NAME Ilene Silverman
STREET ADDRESS 9843 NW 57th Manor
CITY-ST-ZIP Coral Springs FL 33076

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ilene Silverman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

CR2E034 (10/00)