

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90737 037 ***158.75

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name ANJL HOPE CORPORATION <i>PO10000</i>	
DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 17101 NW 29th PLACE	3. Mailing Address 17101 NW 29th PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33056	Country USA
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name DANIEL N Hope	
Street Address (P.O. Box Number is Not Acceptable) 17101 NORTH West 29th PLACE	
City MIAMI	FL Zip Code 33056
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 <i>Daniel N Hope</i> DANIEL N Hope Registered Agent 02 04 02 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Audrey Mathews Hope 17101 NW 29th PLACE MIAMI 33056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Nicole Hope 17101 NW 29th PLACE MIAMI, FLA 33056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Treasurer Jessica Hope 17101 NW 29th PLACE MIAMI FLA 33056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP Sec. LUCRETIA R. Hope 17101 NW 29th PLACE MIAMI, FLA 33056	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE 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 on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Audrey Hope</i> Audrey Hope President 02-04-02 786-255-0970 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

CR2E034B (12/01)