

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90115 009 ***150.00

DOCUMENT # P01000108015

1. Entity Name
SOUTH FLORIDA CENTER FOR H.O.P.E., INC.

Principal Place of Business
1898H W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442

Mailing Address
1898H W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-115-1693

Applied For
☐ **Not Applicable**

Zip

Country

Zip

Country

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

KAUFMAN, GARY

~~10332 N.W. 68TH COURT~~
~~PARKLAND FL 33076~~

See change

Name
GARY KAUFMAN

Street Address (P.O. Box Number is Not Acceptable)
1898 H WEST HILLSBORO BLVD.

DEERFIELD BEACH

City

FL

Zip Code
33442

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME **HOPE FINE**
STREET ADDRESS **1898 H WEST HILLSBORO BLVD**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME **GARY KAUFMAN**
STREET ADDRESS **1898 H WEST HILLSBORO BLVD**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE ☐ **Delete**
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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/09/02 *(954) 571-9392*
 Date Daytime Phone #

CR2E034 (9/01)