

PA4000029429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

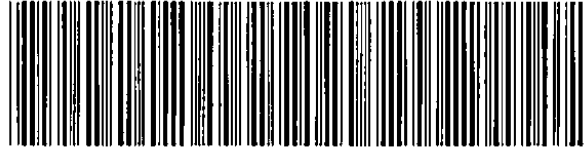
(Document Number)

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Office Use Only



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TALLAHASSEE, FL

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11/19/24

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BRITO HOPE GROUP, CORP

Name of Corporation

**DOCUMENT NUMBER:** P24000029429

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ADELA M HERNANDEZ

Name of Contact Person

BRITO HOPE GROUP, CORP

Firm/Company

1913 SW 107 AVE APT 1102

Address

MIAMI, FL 33165

City/State and Zip Code

adelaflavia@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADELA M HERNANDEZ

Name of Contact Person

at ( 561 ) 945 1803

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of FLORIDA  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BRITO HOPE GROUP, CORP  
2. The principal office address: 1913 SW 107 AVE APT 1102, MIAMI, FL 33165

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/24/2024 Document number: P24000029429

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)

ADELA M HERNANDEZ  
13200 SW 49TH ST  
MIAMI, FL 33175

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

ADELA M HERNANDEZ  
1913 SW 107 AVE APT 1102  
MIAMI, FL 33165  
P.O. Box NOT acceptable

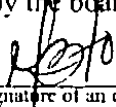
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TALLAHASSEE, FL

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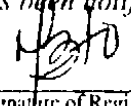
The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

ADELA M HERNANDEZ PRESIDENT  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.*

  
Signature of Registered Agent

11/13/2024  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)



FILING SUCCESSFUL - Beneficial Ownership Information Report (BOIR) Status

Submission Information

Status FILING SUCCESSFUL  
BOIR ID 50000006920603  
Submission Tracking ID BOIRvBeTJJbdFgCB7Civ  
Received Timestamp (UTC) 2024-11-08T22:10:48Z  
Reporting Company FinCEN ID 2000-0084-7871

Submitter Information

First name ADOLFO E  
Last name VALDIVIA APDRON  
E-mail address aev201462@gmail.com

Validation Information

Code

Description

No validation errors

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## #50000006920603 - Beneficial Ownership Information Report (BOIR) Transcript

## Filing Information

Type of filing	Update prior report
Legal name	BRITO HOPE GROUP, CORP
Tax Identification type	EIN
Tax Identification number	992777716
Country/Jurisdiction (if foreign tax ID only)	
Date prepared (assigned upon finalization)	11/08/2024

## Reporting Company Information

Request to receive FinCEN Identifier (FinCEN ID)	Checked
Foreign pooled investment vehicle	
Reporting Company legal name	BRITO HOPE GROUP, CORP
Alternate name (e.g. trade name, DBA)	
Tax Identification type	EIN
Tax Identification number	992777716
Country/Jurisdiction (if foreign tax ID only)	
Country/Jurisdiction of formation	United States
State of formation	Florida
Tribal jurisdiction of formation	
Name of the other Tribe	
State of first registration	
Tribal jurisdiction of first registration	
Name of the other Tribe	
Address (number, street, and apt. or suite no.)	1913 SW 107 AVE APT 1102
City	MIAMI
U.S. or U.S. Territory	United States
State	Florida
ZIP Code	33165
Existing Reporting Company	

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## #50000006920603 - Beneficial Ownership Information Report (BOIR) Transcript

## Company Applicant Information

FinCEN ID	.
Individual's last name	HERNANDEZ
First name	ADELA
Middle name	MARIA
Suffix	.
Date of birth	09/16/1964
Address type	Business address
Address (number, street, and apt. or suite no.)	1913 SW 107 AVE APT 1102
City	MIAMI
Country/Jurisdiction	United States
State	Florida
ZIP/Foreign postal code	33165
Identifying document type	State-issued driver's license
Identifying document number	H655013648360
Country/Jurisdiction	United States
State	Florida
Local/tribal	.
Other local/Tribal description	.
Identifying document image	ADELA HERNANDEZ DRIVE LICENSE_NOTARIZED.pdf

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## 50000006920603 - Beneficial Ownership Information Report (BOIR) Transcript

## Beneficial Owner Information

Parent/Guardian information instead of minor child

FinCEN ID

Exempt entity

Individual's last name or entity's legal name HERNANDEZ

First name ADELA

Middle name MARIA

Suffix

Date of birth 09/16/1964

Address (number, street, and apt. or suite no.) 1913 SW 107 AVE APT 1102

City MIAMI

Country/Jurisdiction United States

State Florida

ZIP/Foreign postal code 33165

Identifying document type State-issued driver's license

Identifying document number H655013648360

Country/Jurisdiction United States

State Florida

Local/tribal

Other local/Tribal description

Identifying document image ADELA HERNANDEZ DRIVE LICENSE\_NOTARIZED.pdf

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