

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90699 027 ***150.00

DOCUMENT # P98000041353

1. Entity Name
THE HOPE RESTORED PROPERTY MANAGEMENT AND MAINTENANCE INC.

Principal Place of Business

**601 W OAKLAND PARK BLVD
 FT LAUDERDALE FL 33311**

Mailing Address

**601 W OAKLAND PARK BLVD
 FT LAUDERDALE FL 33311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1859 W OAKLAND PARK BLVD P.O. BOX 490751

3. Mailing Address

1859 W OAKLAND PARK BLVD P.O. BOX 490751

Suite, Apt. #, etc.

FORT LAUDERDALE, FL SUITE 400

Suite, Apt. #, etc.

FORT LAUDERDALE, FL SUITE 400

City & State

FORT LAUDERDALE FLORIDA

City & State

FORT LAUDERDALE FLORIDA

4. FEI Number

65-0821783

Applied For

Not Applicable

Zip

33311

Country

BROWARD

Zip

33349-0751

Country

BROWARD

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PHILLIPS, BASIL T
 2850 NW 36 AVE
 LAUDERDALE LAKES FL 33311**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	DT	<input type="checkbox"/> Delete
NAME	PHILLIPS, BASIL T	
STREET ADDRESS	2850 NW 36 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMaster PHILLIPS, ROSEMARIE	
STREET ADDRESS	2850 NW 36 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, NICOLE	
STREET ADDRESS	2850 NW 36 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NORMA GREEN	
STREET ADDRESS	2850 NW 36 AVE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 954-560-1944

CR2E034 (9/01)