

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90146 018 ***150.00

DOCUMENT # P99000070697

1. Entity Name

HOPING HANDS LEARNING CENTER, INC.

Principal Place of Business

Mailing Address

**313 NORTH 25TH STREET
 FORT PIERCE FL 34950**

**313 NORTH 25TH STREET
 FORT PIERCE FL 34947-3306**

2. Principal Place of Business

3. Mailing Address

313 N. 25th St

P.O. Box 2142

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orange Ave

City & State

City & State

Fort Pierce, FL

Fort Pierce, FL

Zip

Country

Zip

Country

34950 St. Lucie

34954 St. Lucie

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALSAINT, LANAISE A
 313 NORTH 25TH STREET
 FORT PIERCE FL 34950**

Name

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

Same as above

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	LORRIUS, ALTAGRACIA R	
STREET ADDRESS	313 NORTH 25TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALSAINT, LANAISE A	
STREET ADDRESS	313 NORTH 25TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE:

Lanaise Valsaint
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/00
 Date

Daytime Phone #