

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003008

Entity Name: HOUSE OF HOPE FOR COSTA RICAN CHILDREN, INC.**Current Principal Place of Business:**4000 INTERNATIONAL PLACE
C/O ROBERT B MACAULAY, CARLTON FIELDS
MIAMI, FL 33131**Current Mailing Address:**% ALBERTO PEREZ
BOX 025635, CRC 837
MIAMI, FL 33102-5635**FEI Number:** 65-0919929**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACAULAY, ROBERT B
4000 INTERNATIONAL PLACE
CARLTON FIELDS
MIAMI, FL 33131 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	PEREZ, ALBERTO
Address	%RB MACAULAY, 100 SE 2ND ST., 4000 INTL PL
City-State-Zip:	MIAMI FL 33131

Title	DAS
Name	CHAVES, ANA C
Address	%RB MACAULAY, 100 SE 2ND ST., 4000 INTL PL
City-State-Zip:	MIAMI FL 33131

Title	DT
Name	ARREA, ARTURO
Address	%RB MACAULAY, 100 SE 2ND ST., 4000 INTL PL
City-State-Zip:	MIAMI FL 33131

Title	DAS
Name	JENKINS, FEDERICO
Address	%RB MACAULAY, 100 SE 2ND ST., 4000 INTL PL
City-State-Zip:	MIAMI FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANA CATALINA CHAVES FOURNIER**AS SECRETARY****01/14/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date