

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/1/01

**FILED**  
**Mar 22, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90023 005 \*\*\*\*61.25  
 03-22-2001 90073 027 \*\*\*\*\*8.50

DOCUMENT # N00000005189

1. Entity Name  
**UNITED YOUTH IN ACTION, INC.**

Principal Place of Business 12552 SW 259TH ST. NARANJA FL 33023	Mailing Address 12552 SW 259TH ST. NARANJA FL 33023
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-1036809</b>	Applied For Not Applicable
Zip	Country	Zip	Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MATHEWS, EMILY**  
**12552 SW 259TH ST.**  
**NARANJA FL 33023**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MATHEWS, EMILY 12552 SW 259TH ST. NARANJA FL 33023 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWARD, BERTHA G 13758 SW 157TH ST. MIAMI FL 33177 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, ALEXANDRA G 13758 SW 157TH ST. MIAMI FL 33177 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYNES, HELEN 10825 SW 221 ST. GOULDS FL 33170 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FINNEY, ALFRED 14310 SW 105 Avenue Miami, FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FINNEY, JUANITA S. 14310 SW 105 Avenue MIAMI FL 33176 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Emily Mathews 02/22/01 786-293-0787  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)

Attachment #N00000005189  
~~D0020747~~  
D0028424

REPLACEMENT FOR THE VD AND SD FOR SECTION 10

**VD**

**FINNEY, ALFRED**

**14310 SW 105 Avenue**

**Miami, Fl 33170**

**SD**

**FINNEY, JUANITA S.**

**14310 SW 105 Avenue**

**Miami, Fl 33170**