2002 UNIFORM BUSINESS REPORT (UBB)

Jul 01, 2002 8:00 am Secrétary of State DOCUMENT # N0000005189 07-01-2002 90320 001 *****8.75 1. Entity Name 07-01-2002 90320 002 ****61.25 UNITED YOUTH IN ACTION, INC. Principal Place of Business Mailing Address 12552 SW 259TH ST. 12552 SW 259TH ST. NARANJA FL 33023 NARANJA FL 33023 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-1036809 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MATHEWS, EMILY 12552 SW 259TH ST. NARANJA FL 33023 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition (9/01 ☐ Change TITLE ☐ Delete PD TITIE NAME NAME MATHEWS, EMILY CR2E037 STREET ADDRESS STREET ADDRESS 12552 SW 259TH ST. CITY - ST- ZIP CITY-ST-ZIP Naranja FL 330<u>23</u> **区**Change Addition 🔼 Delete TITLE TITLE D٧ FINNEY, ALFRED NAME NAME STREET ADDRESS STREET ADDRESS 14310 SW 105 AVE 32032 CITY OF THE ZIP CITY ST. ZIP MIAMI:FE=33176---Change Change ☐ Addition Delete TITLE TITLE NAME FINNEY, JUANITA S NAME STREET ADDRESS STREET ADDRESS 14310 SW 105 AVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33176 Change ☐ Addition **Z**Delete TITLE TITLE TD NAME HAYES, HELEN NAME STREET ADDRESS 13800 STREET ADDRESS 10825 SW 221 ST CITY-ST-ZIP CITY-ST-ZIF GOULDS FL 33170 ☐ Addition ☐ Delete TITLE T(T) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

E ANS TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED

Attachmet 95699 6-8-02 H-N00600065189 Dan Mrs Hames