

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007475

1. Entity Name

ABSTINENCE BETWEEN STRONG TEENS, INC.

Principal Place of Business

18151 SW 98th Ct.
6000 SW 168 STREET SUITE 10
MIAMI FL 33157

Mailing Address

18151 SW 98th Ct.
6000 SW 168 STREET SUITE 10
MIAMI FL 33157

2. Principal Place of Business

18151 SW 98th Ct.

3. Mailing Address

18151 SW 98th Ct.

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Miami, Fla

City & State

Miami, Fla

4. FEI Number

65-082-5838

Applied For

Not Applicable

Zip

33157

Country

USA

Zip

33157

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MC MILLAN, ALTHEA F
10371 SW 152ND STREET
MIAMI FL 33152

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MC MILLAN, ALTHEA F
STREET ADDRESS 10371 SW 152ND STREET
CITY-ST-ZIP MIAMI FL 33152 ☐ Delete

TITLE SD
NAME KING, CLERIST
STREET ADDRESS 9900 SW 168 STREET SUITE 10
CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

TITLE VD
NAME SNEAD, TANGELA
STREET ADDRESS 10371 SW 152ND STREET
CITY-ST-ZIP MIAMI FL 33152 ☐ Delete

TITLE TD
NAME MC MILLAN, JOHN
STREET ADDRESS 10371 SW 152ND STREET
CITY-ST-ZIP MIAMI FL 33152 ☐ Delete

TITLE VP
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Kim A Troup VP
NAME 10371 SW 152nd St.
STREET ADDRESS MIAMI, Fla. 33157 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE LS
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME Peter M. Venning
STREET ADDRESS 10371 SW 152nd St.
CITY-ST-ZIP MIAMI, Fla. 33157 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Amended

08-06-2001 90004 004 *****61.25

N00000007475

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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