

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90109 031 ****61.25

DOCUMENT # N00000007475

1. Entity Name

ABSTINENCE BETWEEN STRONG TEENS, INC.

Principal Place of Business

Mailing Address

**18151 S.W. 98TH COURT
 MIAMI FL 33157**

**18151 S.W. 98TH COURT
 MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

105-1054 347

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCMILLAN, ALTHEA F
 10371 SW 152ND STREET
 MIAMI FL 33152**

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

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMILLAN, ALTHEA F 10371 SW 152ND STREET MIAMI FL 33152	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP I Vice President TROUP, KIM A 10371 S.W. 152ND STREET MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP II Vice President SNEAD, TANGELA 10371 SW 152ND STREET MIAMI FL 33152	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCMILLAN, JOHN 10371 SW 152ND STREET MIAMI FL 33152	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VENNING, CETER M 10371 S.W. 152ND STREET MIAMI FL 33157	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/02