

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50295

1. Entity Name

SOUTH DADE YOUTH AWARENESS CENTER, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90037 003 ****61.25

Principal Place of Business

11960 SOUTHWEST 173RD STREET
MIAMI FL 33177

Mailing Address

11960 SOUTHWEST 173RD STREET
MIAMI FL 33177

00100490



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0345340

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FERGUSON, BETTIE
11960 SOUTHWEST 173RD STREET
MIAMI FL 33177

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
After September 13, 2000 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	C	<input type="checkbox"/> Delete
NAME	JEFFERSON, JOHNNY	
STREET ADDRESS	9500 S.W. 180 STREET	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	FERGURSON, CHARLES	
STREET ADDRESS	11960 S.W. 173 STREET	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	ED	<input type="checkbox"/> Delete
NAME	FERGUSON, BETTIE M	
STREET ADDRESS	11960 S.W. 173 ST.	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	SCD	<input type="checkbox"/> Delete
NAME	HOPE, JOHN C SR.	
STREET ADDRESS	20954 S.W. 85TH PASSAGE	
CITY-ST-ZIP	MIAMI FL 33189	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Bettie M. Ferguson BETTIE M. FERGUSON, Exec. Director 9/08/00 (305) 253-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)