

2002 UNIFORM BUSINESS REPORT (UBR)

0006821

DOCUMENT # N50295

1. Entity Name

SOUTH DADE YOUTH AWARENESS CENTER, INC.

FILED

02 OCT -7 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11960 SOUTHWEST 173RD STREET
MIAMI FL 33177

11960 SOUTHWEST 173RD STREET
MIAMI FL 33177

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE BETTIE M. FERGUSON, EXEC. DIRECTOR

04/30/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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 ☐ Delete
NAME JEFFERSON, JOHNNY
STREET ADDRESS 9500 S.W. 180 STREET
CITY-ST-ZIP MIAMI FL 33157

TITLE SECRETARY ☐ Change ☒ Addition
NAME Sonya Nelson
STREET ADDRESS 21655 SW 104 Ct. Apt 203
CITY-ST-ZIP Miami, FL 33190

TITLE T ☐ Delete
NAME FERGURSON, CHARLES
STREET ADDRESS 11960 S.W. 173 STREET
CITY-ST-ZIP MIAMI FL 33177

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

TITLE ED ☐ Delete
NAME FERGUSON, BETTIE M
STREET ADDRESS 11960 S.W. 173 ST.
CITY-ST-ZIP MIAMI FL 33177

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

TITLE SCD ☐ Delete
NAME HOPE, JOHN C SR.
STREET ADDRESS 20954 S.W. 85TH PASSAGE
CITY-ST-ZIP MIAMI FL 33189

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 9/30/02 (305) 853 0229

CR2E037 (4/02)