

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N50295

FILED  
Apr 23, 2003  
Secretary of State

**Entity Name:** SOUTH DADE YOUTH AWARENESS CENTER, INC.

**Current Principal Place of Business:**

11960 SOUTHWEST 173RD STREET  
MIAMI, FL 33177

**New Principal Place of Business:**

**Current Mailing Address:**

11960 SOUTHWEST 173RD STREET  
MIAMI, FL 33177

**New Mailing Address:**

**FEI Number:** 65-0345340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FERGUSON, BETTIE  
11960 SOUTHWEST 173RD STREET  
MIAMI, FL 33177 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: JEFFERSON, JOHNNY  
Address: 9500 S.W. 180 STREET  
City-St-Zip: MIAMI, FL 33157

Title: T ( ) Delete  
Name: FERGURSON, CHARLES  
Address: 11960 S.W. 173 STREET  
City-St-Zip: MIAMI, FL 33177

Title: ED ( ) Delete  
Name: FERGUSON, BETTIE M  
Address: 11960 S.W. 173 ST.  
City-St-Zip: MIAMI, FL 33177

Title: SCD ( ) Delete  
Name: HOPE, JOHN C SR.  
Address: 20954 S.W. 85TH PASSAGE  
City-St-Zip: MIAMI, FL 33189

Title: S ( ) Delete  
Name: NELSON, SONYA  
Address: 21655 SW 104 CT, APT 203  
City-St-Zip: MIAMI, FL 33190

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTIE M. FERGUSON

ED

04/23/2003

Electronic Signature of Signing Officer or Director

Date