

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90203 005 ****61.25

DOCUMENT # N96000001071



1. Entity Name
PROJECT Y.E.S., INC.

Principal Place of Business

**5275 SUNSET DRIVE
MIAMI FL 33143-5919**

Mailing Address

**5275 SUNSET DRIVE
MIAMI FL 33143-5919**

30008796



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0646667**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FUGATE, MARTHA
6750 S.W. 59TH STREET
MIAMI FL 33143**

7. Name and Address of New Registered Agent

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DS** Delete
NAME **ALLEN, NANCY**
STREET ADDRESS **6770 S.W. 59TH STREET**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE ~~DR~~ Delete
NAME **OLDAKOWSKI, ROBERT**
STREET ADDRESS **5275 SUNST. DR.**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **DT** Delete
NAME **ROSS, BILL**
STREET ADDRESS **1395 BRICKELL AVE 4TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **DV** Delete
NAME **BLACK, PAULA**
STREET ADDRESS **3006 AVIATION AVE #3A**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE **Chairperson** Delete
NAME **Douglas De Rose**
STREET ADDRESS **6212 San Vicente Street**
CITY-ST-ZIP **Coral Gables, FL 33146**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

TITLE **Treasurer** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **No longer Treasurer** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **Same**
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **CHAIR**
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: **SIGNATURE REQUIRED**

1-9-03 205-663-7195

CR2E037 (10/02)