

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

0037370

07-17-2001 90001 014 ****61.25

DOCUMENT # N96000001969

1. Entity Name

PRIDELINES YOUTH SERVICES, INC.

Principal Place of Business

Mailing Address

PO BOX 191072
 MIAMI BCH FL 33119

PO BOX 191072
 MIAMI BCH FL 33119

(LA)

AVU... - -



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

190 NE 19th ST.

PO BOX 014340

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI, FL

MIAMI, FL

4. FEI Number

65-0670159

Applied For

Not Applicable

Zip
 33132

Country
 US

Zip
 33001-4340

Country
 U.S.

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

CROCKETT & CHASEN, P.A.
 420 LINCOLN ROAD STE 338
 MIAMI BEACH FL 33139

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 PD
 NAME BERNSTEIN, CAROL Delete
 STREET ADDRESS 10525 SW 112 AVE #210
 CITY-ST-ZIP MIAMI FL 33176

TITLE D
 NAME DENISE HUESO Change Addition
 STREET ADDRESS 1511 COCTEZ ST.
 CITY-ST-ZIP MIAMI, FL 33134

TITLE CD
 NAME LAUDISON, GIGI Delete
 STREET ADDRESS 2121 N BAYSIDE DR #1909
 CITY-ST-ZIP MIAMI FL 33119

TITLE C
 NAME PATRICIA ROMEU Change Addition
 STREET ADDRESS 6126 SW 127 PL
 CITY-ST-ZIP MIAMI, FL 33183

TITLE T
 NAME THOMAS, JOE Delete
 STREET ADDRESS 1700 SW 1ST AVE #402
 CITY-ST-ZIP MIAMI FL 33129

TITLE D
 NAME JEFFREY E. LEICHENBACHER Change Addition
 STREET ADDRESS 10672 SW 75 TER.
 CITY-ST-ZIP MIAMI, FL 33173

TITLE SD
 NAME ADAN, BERT Delete
 STREET ADDRESS 16750 SW 77 AVE
 CITY-ST-ZIP MIAMI FL 33157

TITLE D
 NAME TANGELA CURE Change Addition
 STREET ADDRESS 21027 SW 125 PL
 CITY-ST-ZIP MIAMI, FL

TITLE D
 NAME AYRES, DALE Delete
 STREET ADDRESS 1700 SW 1ST AVE #204
 CITY-ST-ZIP MIAMI FL 33129

TITLE D
 NAME CLIFF YUDELL Change Addition
 STREET ADDRESS 651 NE 75 ST.
 CITY-ST-ZIP MIAMI, FL 33138

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

SIGNATURE REQUIRED

6/17/01 305-571-9601

CR2E037 (10/00)