2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001969

Entity Name: PRIDELINES YOUTH SERVICES, INC.

FILED Aug 22, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
180 NE 19 MIAMI, FL	TH STREET 33132					
Current M	ailing Addres	s:	New Mai	New Mailing Address:		
PO BOX 0 MIAMI, FL	14340 331014340					
FEI Number:	: 65-0670159	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired (()
Name and	Address of C	urrent Registered Agent:	Name ar	nd Address of No	ew Registered Agent:	
420 LINCO	TT & CHASEN DLN ROAD ST ACH, FL 33139	∃ 338				
	named entity s e of Florida.	submits this statement for the p	urpose of changino	g its registered of	fice or registered agent, or	· both,
SIGNATUR	RE:					
	Electror	ic Signature of Registered Age	nt		Date	
OFFICERS	S AND DIREC	TORS:	ADDITIO	ONS/CHANGES	TO OFFICERS AND DIRE	CTORS:
Title: Name: Address: City-St-Zip:	TD () FIORE, CHARL 4380 SW 13 TE MIAMI, FL 331	ERR	Title: Name: Address: City-St-Zip	SANTIAGO, JOS 14060 BISCAYN	E BLVD #712	
Title: Name: Address: City-St-Zip:	D () HUESO, DENIS 1511 CORTEZ MIAMI, FL 331	STREET	Title: Name: Address: City-St-Zip		Change () Addition	
Title: Name: Address: City-St-Zip:	C () ROMEO, PATR 6126 SW 127T MIAMI, FL 331	H PL.	Title: Name: Address: City-St-Zip	GARCIA, CARMI 910 NE 72 ST		
Title: Name: Address: City-St-Zip:	SD () ADAN, BERT 16750 SW 77 A MIAMI, FL 331		Title: Name: Address: City-St-Zip	PASTOR, KEVIN 180 NE 19 STRE	ET	
Title: Name: Address: City-St-Zip:	D () KONSCHNIK, J PO BOX 01434 MIAMI, FL 331	0	Title: Name: Address: City-St-Zip	LIMA, ANTONIÓ 171 NE 100 ST	Change () Addition	
Title: Name: Address: City-St-Zip:	PD (X ROMEO, PATR 6126 SW 127 F MIAMI, FL 331	PL	Title: Name: Address: City-St-Zip	. ,	Change () Addition	

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: DENISE HUESO D 08/22/2003