

2002 UNIFORM BUSINESS REPORT (UBR)

0018556

DOCUMENT # N97000001275

FILED

1. Entity Name
YOUNG EAGLES INC.

02 DEC 30 AM 11:00

Principal Place of Business Mailing Address
1201 NORTHWEST 111 STREET ALLEN CHAPEL AVE CH MIAMI FL 33167
18015 NW 25TH COURT MIAMI FL 33056

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business **150 NE 19 ST**
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

City & State **MIAMI, FL**
 Zip **33132** Country

City & State
 Zip Country

4. FEI Number **65-0742005** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SILAS, JOS B REV
18015 NW 25TH COURT
MIAMI FL 33056

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.
 SIGNATURE *Joseph B. Silas* DATE **12-11-02**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILAS, J B 18015 NW 25TH COURT MIAMI FL 33056 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, LUCIUS 1330 NW 189TH TERR MIAMI FL 33169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, SYLVIA 346 NW 43RD ST MIAMI FL 33127 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, MARIE P 2914 NW 49TH ST MIAMI FL 33142 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MALIK, MATEEN MR 17031 NORTHWEST 49TH STREET MIAMI FL 33169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, ANDY 1614 NW 189TH TERR MIAMI FL 33169 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200009529192 12/17/02--01003--002 *\$245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR NICOLE M. SILAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 18015 NW 25 ST OPR LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JAMES D. MILLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 346 NW 43 ST MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph B. Silas* DATE: **12-11-02** (305) 625-5087

CFR2E037 (9/01)