## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 17, 2001 8:00 am Secretary of State DOCUMENT # N99000004848 1. Entity Name 05-17-2001 91293 001 \*\*\*\*70.00 NATIONAL MISSING KIDS ALERT, INC. Principal Place of Business Mailing Address 11210 SW 221ND STREET 11210 SW 221ND STREET MIAMI FL 33170-0673 MIAMI FL 33170-0673 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0941636 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) YOUNGKIN, ANITA 11210 S.W. 221 STREET MIAMI FL 33170-4734 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 HERD FOR DES - DIRECTOR Change & OFFICERS AND DIRECTORS 11. 10. Addition TITLE **PVST** ☐ Delete 11210 SW 221ST NAME YOUNGKIN, ANITA NAME STREET ADDRESS STREET ADDRESS 11210 S.W. 221 STREET Mam 71. 33170-4734 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33170-4734 # Editor / Director Change ☐ Delete TITLE Martha Pacither NAME NAME YOUNGKIN, ANITA Halo SW 221 ST. STREET ADDRESS STREET ADDRESS 11210 S.W. 221 STREET CITY-ST-ZIP Midmi 71 33170 Director CITY-ST-ZIP MIAMI FL 33170-4734 ☐ Change Addition TITLE ☐ Delete TITLE Karyne Lourent NAME HURTADO, OMAR NAME 11210 SW 221 ST. STREET ADDRESS STREET ADDRESS 11210 S.W. 221 STREET CITY-ST-ZIP 33170 CITY-ST-ZIP mismi TL MIAMI FL 33170-4734 ■ Addition DADV ☐ Delete TITLE ☐ Change TITLE NAME NAME MITIC, MIOMIR STREET ADDRESS STREET ADDRESS 11210 SW 221 ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33170-4734 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME <del>-|42-</del>-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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. 30S

CITY-ST-ZIP

SIGNATURE.

CITY-ST-ZIP

**FILED** 

251-4513