

2002 UNIFORM BUSINESS REPORT (UBR)

0006520

DOCUMENT # N01000001546

1. Entity Name

TEEN UP-WARD BOUND, INCORPORATED

FILED

02 OCT 15 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1210 PERI STREET
OPE-LOCKA FL 33054

Mailing Address

~~1210 PERI STREET~~
~~OPE-LOCKA FL 33054~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EVANS, FRANCES E
3826 OAK AVE
MIAMI FL 33133

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

After September 13, 2002,
min. will be \$236.25.

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 D ☐ Delete
NAME RUSSELL, JANNIE
STREET ADDRESS 1210 PERI STREET
CITY-ST-ZIP OPE-LOCKA FL 33054

TITLE ☐ Change ☐ Addition
NAME 300008440243
STREET ADDRESS 10/18/02--01002--028 **70.00
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME RUSSELL, ALEXIS C
STREET ADDRESS 3740 ROCKBROOK DRIVE
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MORTIMER, J REV
STREET ADDRESS 5833 SOUTHWEST 62 AVE
CITY-ST-ZIP SOUTH MIAMI FL 33143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME EVANS, FRANCES
STREET ADDRESS 3826 OAK AVE
CITY-ST-ZIP MIAMI FL 33133

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUSSELL, CALVIN
STREET ADDRESS 1210 PERI STREET
CITY-ST-ZIP OPE-LOCKA FL 33054

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME Andrianna Clark
STREET ADDRESS 17021 N. Bay Road Unit 1019
CITY-ST-ZIP Miami, FL 33160

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

9/13/02

CR2E037 (4/02)