

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90125 037 ****61.25

DOCUMENT # N98000006882

1. Entity Name
YOUTH IN ACTION OUTREACH PROGRAM, INC.



Principal Place of Business

**13500 SW 252 STREET
PRINCETON 33032
US**

Mailing Address

**C/O MANUEL CRUZ
19655 SW 87TH PLACE
MIAMI FL 33157**

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 65-0880071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CRUZ, MANUEL
19655 S.W. 87TH PLACE
MIAMI FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **CRUZ, MANUEL**
STREET ADDRESS **19655 S.W. 87TH PLACE**
CITY-ST-ZIP **MIAMI FL 33157**

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

TITLE **VP** ☐ Delete
NAME **CRUZ, MICHELLE M**
STREET ADDRESS **19655 SW 87TH PLACE**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **VP** ☒ Change ☐ Addition
NAME **Michelle M. Cruz**
STREET ADDRESS **9760 SW 211th Street**
CITY-ST-ZIP **Miami, FL 33189**

TITLE **D** ☒ Delete
NAME **ROMAN, DAVID**
STREET ADDRESS **650 SW 88TH COURT**
CITY-ST-ZIP **MIAMI FL 33174**

TITLE **D** ☐ Change ☐ Addition
NAME **Anthony R. Lopez**
STREET ADDRESS **14536 SW 161 place**
CITY-ST-ZIP **Miami, FL 33196**

TITLE **D** ☒ Delete
NAME **PASCUAL, CARLOS**
STREET ADDRESS **14521 SW 293RD TERR**
CITY-ST-ZIP **LEISURE CITY FL 33030**

TITLE **D** ☐ Change ☐ Addition
NAME **Suzette M. Lopez**
STREET ADDRESS **14536 SW 161 Place**
CITY-ST-ZIP **Miami, FL 33196**

TITLE **SD** ☐ Delete
NAME **OVIDE, LOURDES**
STREET ADDRESS **14275 S.W. 92ND ST.**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **TD** ☐ Delete
NAME **CRUZ, MARIA**
STREET ADDRESS **19655 S.W. 87TH PLACE**
CITY-ST-ZIP **MIAMI FL 33157**

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)(l), 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 an other like empowered.

SIGNATURE:

MANUAL SIGNATURE REQUIRED

Manuel Cruz

2/17/03

305-255-2356

CR2E037 (10/02)