# DOCUMENT# N08000005846

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: YOUTH EDUCATION THROUGH SPORTS, INC.

# **Current Principal Place of Business:**

12100 NW 16TH AVENUE NORTH MIAMI, FL 33167

## **Current Mailing Address:**

1525 NW 124 ST NORTH MIAMI, FL 33167

# FEI Number: 26-2963272

### Name and Address of Current Registered Agent:

APOLLON, MARIO 1525 NW 124TH STREET N MIAMI, FL 33167 US

Date

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title	Р	Title	VP
Name	APOLLON, MARIO	Name	EDOUARD, FRANTZ
Address	1525 NW 124 ST	Address	96 NW 87 ST
City-State-Zip:	NORTH MIAMI FL 33167	City-State-Zip:	MIAMI SHORES FL 33150
Title	TR	Title	VP
Name	LESCOUFLAIR, VLADIMIR	Name	SANON, HENRI
Address	617 SOUTH STATE RD 7 SUITE 11	Address	1525 NW 124 ST
City-State-Zip:	MARGATE FL 33068	City-State-Zip:	N MIAMI FL 33167
Title	Μ	Title	S
Name	FRANCOIS, FREUD	Name	APOLLON, HERVE
Address	1525 NW 124 ST	Address	1525 NW 124 ST
City-State-Zip:	N MIAMI FL 33167	City-State-Zip:	N MIAMI FL 33167

I hereby 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 all other like empowered.

SIGNATURE: MARIO APOLLON

PRESIDENT

06/28/2015

Electronic Signature of Signing Officer/Director Detail

Date