2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M61869 DOCUMENT

1. Entity Name

SIDNEY YOUNG AND ASSOCIATES, INC.



Principal Place of Business 501 GOLDEN ISLES DRIVE SUITE 203-D

Mailing Address P.O. BOX 682

HALLANDALE FL 33008-0682

HALLANDALE FL 33009

FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90154 005 ***150.00

'4UUJJAJ0



	Place of Busin りょくしゃか	iess. Ruf Blad BlVD	3. Ma	3. Mailing Address				T TO BE HER STEEL HER BETTER THE BETTER BETTER STEEL BETTER BETTER BEDTER BETTER BETTER BETTER BETTER BETTER B				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State HALLANDALR . FL				City & State				4. FEI Number 65-0033253 App.				
Zip	33009 Country.			Zip		Country		Certificate of Status Desired Fee			Additional ired	
	6. Name	and Address of Curren	t Register	ed Agent			7.	Name and Address of New Re	gistered	l Agent	,	
						Name						
YANOWITZ, SIDNEY B.						Street Address (P.O. Box Number is Not Acceptable)						
	CEAN DR.					Street Address (F.O. Box Number is Not Acceptable)						
#3D	OB 11 01											
HALLANDALE FL 33009						City Zip Code						
0 The election								and a least to the Chair of Fig.				
	named entity tions of regist		or the purp	sose or changing its	registere	ea office or r	egistered a	gent, or both, in the State of Flori	da. Lan	ı tamıllar wit	n, and accept	
	,											
SIGNATURE .												
	Signature, typed	or printed name of registered agen	t and title if app	olicable. (NOTE	E: Registere	d Agent signature	e required when	reinstating)	DATE			
F	ILE!NOW!!	! FEE IS \$150.00						A Flastica Communica Fina		^ -	00 -	
Afte	r May 1, 200	3 Fee will be \$550.00						 Election Campaign Fina Trust Fund Contribution. 			.00 May Be led to Fees	
Make Check	k Payable to	Florida Department o	of State					Tradit and Communication.			100 10 1 000	
10.	-	OFFICERS AND	DIRECTO	PRS	11.		A	DDITIONS/CHANGES TO OFFIC	ERS AN	ID DIRECTO	PRS IN 11	
TITLE	PD			☐ Delete	. TITLE					☐ Change	e	
NAME	YANOWITZ	, SIDNEY B.			NAM	E						
STREET ADDRESS	1950 S. O	CEAN DR. #3D			STRE	ET ADDRESS						
CITY-ST-ZIP	HALLANDA	LE FL 33009			CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	Addition	
NAME					NAM	Ε						
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE					☐ Change	Addition	
NAME		i mar in a real gr			NAM		يسيدين بيد					
STREET ADDRESS					STRE	ET ADDRESS			· . ·		- .	
CITY-ST-ZIP					CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE	:				☐ Change	Addition	
NAME	1				NAM							
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP	1				CITY	·ST-ZIP						
TITLE	[· · · · · · · · · · · · · · · · · · ·			☐ Delete	TITLE					☐ Change	Addition	
NAME					NAM					_ •		
STREET ADDRESS					STRE	ET ADDRESS						
CITY-ST-ZIP	[CITY	-ST-ZIP						
TITLE				☐ Delete	TITLE				************	☐ Change	Addition	
NAME .					NAMI					ogo		
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						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 607, 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: