

FOR OFFICIAL USE

NUMBER

03/19/2001

\$3716





To: DEPARTMENT OF STATE

General Revenue Total	0.00
Trust Total	5,243.75
Other Total	000
Total	\$5,243.75

200004190422---6

Distribution

Cross	Samas		
Ref	Code	Reason	Amount
008	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	10.00
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	43.75
800	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	50.00
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	78.75
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	122.50
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	150.00
008	45-20-2-130001-45300100-00-000100-00	UNCOLLECTED FUNDS	150.00
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	155.00
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	175.00
800	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLOSED	250.00
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	750.00
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	900.00 —
800	45-20-2-130001-45300100-00-000100-00	INSUFFICIENT FUNDS	= ```` =
800	45-20-2-130001-45300100-00-000100-00	ACCOUNT CLÔSED	1,208.75

Grand Total:

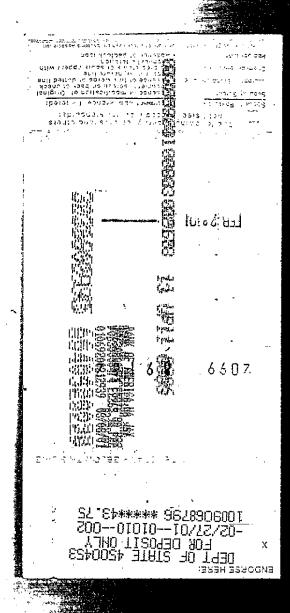
\$5,243,75

The above named fundls) has been reduced by the amount of this check(s) under the authority of Section 215.34, F.S.

Process Date: 03/09/2001

State Treasurer

GUY SAINT-VIL.
750 NW 98th Street, WILLY CIENT FUNDS pare 22. 21. Of
Miami, Fl 33150 "06 700643 21" 10 100 3 3 8 50 3 6 8 8 1





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 6, 2001

Guy Saint VIL 750 NW 98th St. Miami, FL 33150

SUBJECT: DRUG & JUVENILE DELINQUENCY CENTER, INC.

Ref. Number: N0000005932

Debit Memo #: 13716-B

This is to inform you that your check #1043 dated February 21, 2001 in the amount of \$43.50 and submitted for DRUG & JUVENILE DELINQUENCY CENTER, INC. has been returned to us by your bank because of Insufficient Funds.

We request that you remit a cashier's check or money order in amount of \$58.50 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Letter number: 401A00020564

Division of Corporations Attn: Melinda Lilliston P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely, Melinda Lilliston Administrative Assistant II Division of Corporations

cc:Drug&Juvenile Delinquency Center,Inc. 750 NW 98 St. Miami, Fl. 33150



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 9, 2001

Guy Saint VIL 750 NW 98th St. Miami, FL 33150

SUBJECT: DRUG PREVENTION CENTER FOR JUVENILE DELINQUENTS.

INC.

Ref. Number: N0000005932

Debit Memo #: 13716-B

Due to your failure to respond to our previous letter advising you of the returned check #1043, the Amendment for DRUG PREVENTION CENTER FOR JUVENILE DELINQUENTS, INC. has been cancelled and is considered not filed as of May 9, 2001.

If you have any questions concerning the returned check, please call (850) 487-6900.

Sincerely
Melinda Lilliston
Administrative Assistant II
Division of Corporations

Letter Number: 901A00027880

cc:Drug&Juvenile Delinquency Center,Inc. 750 NW 98 St. Miami, Fl. 33150