

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

05-30-2002 91593 032 ****70.00

DOCUMENT # N00000007185

1. Entity Name

FRIENDLY RESOURCE INFORMATION SERVICE OF THE COMMUNITY AND YOUTH INC.

Principal Place of Business

Mailing Address

**3131 NW 164TH TERR
 MIAMI FL 33054**

**3131 NW 164TH TERR
 MIAMI FL 33054**

2. Principal Place of Business

3. Mailing Address

1831 NW 170th STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 541116

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip **33056**

Country

DADE

Zip **33054**

Country

DADE

4. FEI Number

65-1058732

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAO, RACHEL V
 3131 NW 164TH TERR
 MIAMI FL 33054**

Name

JOSEPH L. COOK

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

1831 NW 170th STREET

City

MIAMI

FL

Zip Code

33056

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.

SIGNATURE

Joseph L. Cook

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MAY 12, 2002

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COOK, JOSEPH L 1831 NW 170 STREET MIAMI FL 33056	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALIC-BATSON, ROSLYN 6845 EVERGREEN DR MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRITCHETT, SHARON 1401 NW 202 STREET MIAMI FL 33169	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAO, RACHEL V 3131 NW 164TH TER MIAMI FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, DAVID JR 17640 NW 18TH AVE MIAMI FL 33058	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph L. Cook

6-27-2002 305 624-4037

Date

Daytime Phone #

CR2037 (9/01)