

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91759 008 ****61.25

DOCUMENT # **N01000002000**

1. Entity Name

FAMILY AND YOUTH HELP CENTER, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1511 N.W. 168th Terrace

Suite, Apt. #, etc.

3. Mailing Address

1781 N.W. 175th Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, Florida

Zip

33169

Country

U.S.A.

City & State

Miami, Florida

Zip

33056

Country

U.S.A.

4. FEI Number

030442422

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CLYDE B. GLOVER

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

1781 N.W. 175th 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEO/P

Clyde B. Glover

1781 N.W. 175th Street

Miami, Florida 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD

Sherri Lockett

1015 Withington Street

Opa Locka, Florida 33054

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD

Lynn E. Robin

20217 N.W. 32nd Place

Miami, Florida 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

FD

Grafton Ambrose

430 N.E. 29th Terrace, #2

Miami, Florida 33132

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like information.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037B (12/01)