

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90158 043 ****61.25

DOCUMENT # NO1000002904

1. Entity Name

FAMILY AND YOUTH COMMUNITY RESEARCH CENTER, INC.

Principal Place of Business

Mailing Address

**10750 SW 62ND TERR.
 MIAMI FL 33173**

**10750 SW 62ND TERR.
 MIAMI FL 33173**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1796935

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

**MARCELIN, LOUISE M
 10750 SW 62ND TERR.
 MIAMI FL 33173**

Name

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

City

FL

Zip Code

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

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	D <input type="checkbox"/> Delete
NAME	MARCELIN, LOUISE M
STREET ADDRESS	10750 SW 62ND TERR.
CITY-ST-ZIP	MIAMI FL 33173
TITLE	D <input type="checkbox"/> Delete
NAME	KELLEY, CAROL E
STREET ADDRESS	208 THREE ISLANDS BLVD., #301
CITY-ST-ZIP	HALLANDALE FL 33009
TITLE	D <input type="checkbox"/> Delete
NAME	MARCELIN, LOUIS H
STREET ADDRESS	10750 SW 62ND TERR.
CITY-ST-ZIP	MIAMI FL 33173
TITLE	D <input type="checkbox"/> Delete
NAME	DIEDERICH, GINETTE D
STREET ADDRESS	10125 SW 59TH AVE.
CITY-ST-ZIP	MIAMI FL 33156
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

CR2E037 (9/01)

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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 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

4-25-02 (305) 598-2210