

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

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

05-15-2002 90094 010 ****61.25

DOCUMENT # **NO1000009933** ✓

1. Entity Name

Teen Job Corps, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

500 71st Street

Suite, Apt. #, etc.

Suite #1

City & State

Miami Beach FL

Zip

33141

Country

USA

3. Mailing Address

500 71st Street

Suite, Apt. #, etc.

Suite #1

City & State

Miami Beach FL

Zip

33141

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Neil Fritz

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

North Beach Development Corporation

500 71st Street

City

Miami Beach

FL

Zip Code

33141

**DO NOT WRITE
IN THIS SPACE**

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	CD
NAME	Michael Thompson
STREET ADDRESS	2140 Calais Drive
CITY- ST- ZIP	Miami Beach, FL 33141
TITLE	VPD
NAME	David DeLaEspuela
STREET ADDRESS	1000 Washington Avenue
CITY- ST- ZIP	Miami Beach, FL 33139
TITLE	STD
NAME	Serry Libbin
STREET ADDRESS	500 71st Suite #1
CITY- ST- ZIP	Miami Beach, FL 33141
TITLE	
NAME	
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CITY- ST- ZIP	

**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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)