

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90334 001 ***61.25

DOCUMENT # N01000003933

1. Entity Name
TEEN JOB CORPS, INC.



Principal Place of Business

**500 71ST STREET
SUITE #1
MIAMI BEACH FL 33141**

Mailing Address

**500 71ST STREET
SUITE #1
MIAMI BEACH FL 33141**

2. Principal Place of Business

**210-71st Street
Suite, Apt. #, etc.
310**

3. Mailing Address

**210-71st Street
Suite, Apt. #, etc.
310**



☒ CHECK HERE IF MAKING CHANGES

City & State
Miami Beach, FL

City & State
Miami Beach, FL

4. FEI Number **APPLIED FOR**
01-0731644

Applied For
Not Applicable

Zip
33141

Country
USA

Zip
33141

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FRITZ, NEIL
NORTH BEACH DEVELOPMENT CORPORATION
500 71ST STREET, SUITE 1
MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **Neil Fritz**
Street Address (P.O. Box Number is Not Acceptable)
210-71st Street, Suite 310
City **miami Beach** FL **33141**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Neil Fritz**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/16/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THOMPSON, MICHAEL 2140 CALAIS DRIVE MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE LA ESPRIELLA, DAVID 1000 WASHINGTON AVENUE MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LIBBIN, JERRY 500 71ST STREET, SUITE 1 MIAMI BEACH FL 33141	<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"/> 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
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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 an other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

1/16/03 (305)865-4147

CR2E037 (10/02)