

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # NO1000007941**

1. Entity Name

YOUTH WITH A MISSION, NORTH MIAMI, INC.

Principal Place of Business

**10400 NORTH MIAMI AVENUE
MIAMI SHORES FL 33150**

Mailing Address

**10400 NORTH MIAMI AVENUE
MIAMI SHORES FL 33150**

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

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

**AUGUSTIN, DAVID
10400 NORTH MIAMI AVENUE
MIAMI SHORES FL 33150**

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 \$61.259. 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****PD**
AUGUSTIN, DAVID
13210 MEMORIAL HIGHWAY, APT. 201
NORTH MIAMI FL 33181☐ Delete**SD**
AUGUSTIN, MAREN
13210 MEMORIAL HIGHWAY, APT. 201
NORTH MIAMI FL 33181☐ Delete**TD**
GERVAIS, EDDY
15401 N E 6TH AVENUE, B116
MIAMI FL 33182☐ Delete**D**
FELDER, ROBERT
15808 S W 97TH AVENUE
MIAMI FL 33157☐ Delete☐ Delete☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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:**David Augustin**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/3/02 (305) 258-5474
Daytime Phone #**FILED**
Jun 19, 2002 8:00 am
Secretary of State

05-28-2002 91527 010 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)