

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007941

FILED  
Jun 10, 2003  
Secretary of State

**Entity Name:** YOUTH WITH A MISSION, NORTH MIAMI, INC.

**Current Principal Place of Business:**

10400 NORTH MIAMI AVENUE  
MIAMI SHORES, FL 33150

**New Principal Place of Business:**

17190 SW 94 AVE  
904  
MIAMI, FL 33157

**Current Mailing Address:**

PO BOX 530296  
MIAMI, FL 33153

**New Mailing Address:**

17190 SW 94 AVE  
MIAMI, FL 33157

**FEI Number:** 04-3605978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: AUGUSTIN, DAVID  
Address: 13210 MEMORIAL HIGHWAY, APT. 201  
City-St-Zip: NORTH MIAMI, FL 33161

Title: SD ( ) Delete  
Name: AUGUSTIN, MAREN  
Address: 13210 MEMORIAL HIGHWAY, APT. 201  
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD ( ) Delete  
Name: GERVAIS, EDDY  
Address: 15401 N E 6TH AVENUE, B116  
City-St-Zip: MIAMI, FL 33162

Title: D ( ) Delete  
Name: FELDER, ROBERT  
Address: 15806 S W 97TH AVENUE  
City-St-Zip: MIAMI, FL 33157

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: AUGUSTIN, DAVID  
Address: 17190 SW 94 AVE APT. 904  
City-St-Zip: MIAMI, FL 33157

Title: SD (X) Change ( ) Addition  
Name: AUGUSTIN, MAREN  
Address: 17190 SW 94 AVE APT. 904  
City-St-Zip: MIAMI, FL 33157

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID AUGUSTIN

PD

06/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date