

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90051 042 ****61.25

DOCUMENT # N02000001971

1. Entity Name

YOU ARE SPECIAL FOUNDATION INC.



Principal Place of Business

**1315 LAKE ERIE DR.
LAKE WORTH FL 33461**

Mailing Address

**1315 LAKE ERIE DR.
LAKE WORTH FL 33461**

2. Principal Place of Business

1315 Lake Erie Dr

3. Mailing Address

1315 Lake Erie Dr

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

LW FL

City & State

LW FL

Zip

33461

Country

USA

Zip

33461

Country

USA



☐ CHECK HERE IF MAKING CHANGES

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

**OSTOLSKI, PAULA
44 LAKE ARBOR DR.
PALM SPRINGS FL 33461**

7. Name and Address of New Registered Agent

Name

Nicole Martinez

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

1315 Lake Erie Dr

City

LW

FL

Zip Code

33461

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-11-03

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	OSTOLSKI, PAULA	44 LAKE ARBOR DR. PALM SPRINGS FL 33461				
	D	MARTINEZ, NICOLE	1315 LAKE ERIE DR. LAKE WORTH FL 33461				
	D	WEST, CANDACE	6864 ASHBURN RD. LAKE WORTH FL 33467				

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: NICOLE MARTINEZ

1-11-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)