

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008343

FILED  
Apr 22, 2010  
Secretary of State

Entity Name: YOUTH UNITED OF SOUTH FLORIDA, INC.

## Current Principal Place of Business:

114 THOMAS ROAD  
WEST PARK, FL 33023

## New Principal Place of Business:

311 S. HOLLYBROOK DRIVE  
# 303  
PEMBROKE PINES, FL 33025

## Current Mailing Address:

114 THOMAS ROAD  
WEST PARK, FL 33023

## New Mailing Address:

311 S. HOLLYBROOK DRIVE  
# 303  
PEMBROKE PINES, FL 33025

FEI Number: 54-2083799

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EUGENE, MATHILDE G.  
114 THOMAS ROAD  
WEST PARK, FL 33023 US

## Name and Address of New Registered Agent:

EUGENE, MATHILDE G.  
311 S. HOLLYBROOK DRIVE  
# 303  
PEMBROKE PINES, FL 33025 US

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: MATHILDE G. EUGENE

04/22/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: EUGENE, MATHILDE G  
Address: 311 S. HOLLYBROOK DRIVE, #303  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: 1VPD  
Name: NASSAR, MICHELE  
Address: 6235 NW MIAMI PLACE  
City-St-Zip: MIAMI, FL 33150

Title: 2VPD  
Name: BITAR-FREDERICK, PATRICK  
Address: 915 NE 125TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: TD  
Name: JEROME, ERIC PIERRE  
Address: 151 SW 134TH WAY, APT. #303N  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD  
Name: JEANNOT, GISLAINE  
Address: 2631 FLAMINGO DRIVE  
City-St-Zip: MIRAMAR, FL 33023

Title: SD  
Name: MIRTIL, GEORGE  
Address: 1100 NE 184TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33161

I hereby 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 all other like empowered.

SIGNATURE: MATHILDE G. EUGENE

PD

04/22/2010

Electronic Signature of Signing Officer or Director

Date