

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90035 017 ****61.25

DOCUMENT # N02000008518

1. Entity Name

TAINO TRIBAL KIDS OF FLORIDA, INC.



Principal Place of Business

**6470 MCCLELLAN STREET
HOLLYWOOD FL 33024**

Mailing Address

**6470 MCCLELLAN STREET
HOLLYWOOD FL 33024**

2. Principal Place of Business

SAME AS ABOVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**YOUNG, SELMA A
6470 MCCLELLAN STREET
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name

SELMA ALVAREZ YOUNG

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

6470 MCCLELLAN STREET

City

HWD

FL

Zip Code

33024

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

Selma Alvarez Young

4-12-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **D** ☐ Delete
NAME **YOUNG, SELMA A**
STREET ADDRESS **6470 MCCLELLAN STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE **D** ☐ Delete
NAME **MATIAS, MELODIAS**
STREET ADDRESS **1555 W 44 PLACE**
CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **D** ☐ Delete
NAME **LAUREANO, ELIZABETH**
STREET ADDRESS **450 SE 7 STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33004**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Selma Alvarez Young

4-12-03

954-961-404

CR2E037 (10/02)