

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N25922**

1. Entity Name

**THE BLACK YOUTH ENRICHMENT ASSOCIATION, INC.** ✓**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90008 027 \*\*\*\*61.25

Principal Place of Business

**1914 NO. TAMARIND AVENUE  
WEST PALM BEACH FL 33407**

Mailing Address

**1914 NO. TAMARIND AVENUE  
WEST PALM BEACH FL 33407**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**65-0667700**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HEYGOOD, MIKE  
625 N FLAGLER DR  
SUITE 700  
WEST PALM BEACH FL 33411****7. Name and Address of New Registered Agent**

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 \$61.25****After September 13, 2000 min. will be \$236.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	MUHAMMAD, CARL	
STREET ADDRESS	1916 NO. TAMARIND AVENUE	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DEYONKS, JOSEPH	
STREET ADDRESS	1610 WEDGEWOOD PLAZA	
CITY-ST-ZIP	RIVERA BEACH FL 33404	
TITLE	DV	<input type="checkbox"/> Delete
NAME	TAYLOR, MERCEDES	
STREET ADDRESS	927 4TH ST	
CITY-ST-ZIP	RIVERA BEACH FL 33404	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAID, NIEMA	
STREET ADDRESS	3106 SE 1ST PL	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	
TITLE	D	<input type="checkbox"/> Delete
NAME	FULTON, DOUGLAS	
STREET ADDRESS	3800 SHELLEY RD NO	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	FASHAW, SADIE	
STREET ADDRESS	1025 PALM BEACH LAKES BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

**7-17-00 (561) 659-7227**