

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42340

1. Entity Name

YOUTH WITH A MISSION, INC.

Principal Place of Business

Mailing Address

4444 EDGAR PARK AVENUE
EL PASO TX 79904
US

4444 EDGAR PARK AVENUE
EL PASO TX 79904-2808
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0253251

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MORGAN, CHARLES O., JR.
1300 NW 167TH ST
MIAMI FL 33169

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

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	ALLEGRETTO, RICK	
STREET ADDRESS	7131 SAN MARINO DRIVE	
CITY-ST-ZIP	EL PASO TX 79912	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SINKE, ADRIAN	
STREET ADDRESS	853 EL PARQUE	
CITY-ST-ZIP	EL PASO TX 79912	
TITLE	DV	<input type="checkbox"/> Delete
NAME	LANDIS, WILLIAM A.	
STREET ADDRESS	THICKETT PLANTATION	
CITY-ST-ZIP	ST. PHILIP BA	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEGRETTO, JOHN	
STREET ADDRESS	6812 TOLUCA DRIVE	
CITY-ST-ZIP	EL PASO TX 79912	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAIFIELD, MARYBETH	
STREET ADDRESS	2928 GRANT AVENUE	
CITY-ST-ZIP	EL PASO TX 79930	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 of Rick Allegretto
ALLEGRETTO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2000 957593387
Date Daytime Phone #

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90023 003 ****61.25

000142748



DO NOT WRITE IN THIS SPACE