

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90155 020 ****61.25

DOCUMENT # N49878

1. Entity Name

INNER CITY YOUTH CENTER, INC.

Principal Place of Business

Mailing Address

525 NW 62ND STREET
 MIAMI FL 33150
 US

525 NW 62ND STREET
 MIAMI FL 33150
 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

65-0351688

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

HERMAN, ALISON P.
BREIER & SEIF, P.A.
2800 PONCE DE LEON BLVD., STE. 1125
CORAL GABLES FL 33134-6919

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE _____ Delete
 NAME **PD MEEK, KENDRICK**
 STREET ADDRESS **18441 NW 2ND AVE**
 CITY-ST-ZIP **MIAMI FL 33169**

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

TITLE _____ Delete
 NAME **TD ABRAMS, MICHAEL %RAUSC P**
 STREET ADDRESS **2499 NE 191ST STREET, #450**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE _____ Change Addition
 NAME **TD Abrams, Michael**
 STREET ADDRESS **D.A.A. and Associates**
 CITY-ST-ZIP **2999 NE 191 Street # 407**
Aventura, fl 33180

TITLE _____ Delete
 NAME **D ZOMERMAAND, RANDY**
 STREET ADDRESS **1105 MALAGA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

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

TITLE _____ Delete
 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/8/01** Daytime Phone # **(305) 758 0700**

CR2E037 (10/00)