2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49878 1. Entity Name INNER CITY YOUTH CENTER, INC.

FILED Jan 29, 2002 8:00 am Secretary of State

01-29-2002 90012 034 ****70.00

| | • | | | | | | |
|--|---|--|-------------------|-----------------------|---------------------------------|---|---|
| Principal Place of Business 525 NW 62ND STREET PAMI FL 33150 | | Mailing Address 525 NW 62ND STREET MIAMI FL 33150 US | | | 7 | | |
| | | | | | | | |
| 9 Dringing | Place of Business | La Mailine Address | | | | | \$1 3 11 \$19 11 (\$1 |
| 2. Principal Place of Business | | 3. Mailing Address | | | \ \ \\\\\\\\\\\\\\\\\\\\\\\\\\\ | 0181 (1930 (1 946) (1911 6181) 6181) 6181 | 111 11 11611 1881 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | D | O NOT WRITE IN THIS SPACE | |
| City & State | | City & State | | | | | Applied For Not Applicable |
| Zip Country | | Zip Country | | ntry | 5. Certificate of Statu | s Desired \$8.75 | Additional |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and Addres | Fee Request of New Registered Agent | Jirea |
| | <u></u> | | Arg Grad | Name - | | | ÷ |
| HERMAN, | , ALISON P. | | Street Addres | | ss (P.O. Box Number is Nat | Acceptable) | _ |
| | SEIF, P.A. | | | | | | |
| | NCE DE LEON BLVD., STE. 1125 NABLES FL 33134-6919 | City | | | FL Zip C | ode | |
| 8. The above | re named entity submits this statement for | the purpose of changing | g its registere | ed office or reg | istered agent, or both, in the | | - |
| | | _ | - | | - | | |
| ; SIGNATURE | : | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. | (NOTE: Registered | d Agent signature rec | quired when reinstating) | DATE | |
| 3 | FILE NOW: FEE IS \$61.25 9. Election Cam Trust Fund C | | | | \$5.00 May Be Added to Fees | Make Check Payable to Department of State | |
| 10. | OFFICERS AND DIR | ECTORS | 11, | | ADDITIONS/CHANGES | TO OFFICERS AND DIRECTORS | IN 10 |
| TITLE | PD | ☐ Delete | TITLE | | | [] Chang | |
| NAME | MEEK, KENDRICK | | NAMI | · | | | |
| STREET ADDRESS CITY-ST-ZIP | 18441 NW 2ND AVE MIAMI FL 33169 | | | ET ADDRESS ST-ZIP | | | |
| TITLE | TD | □ Delete | TITLE | | | · Chanç | e Addition |
| NAME | ABRAMS, MICHAEL_ | | NAME | L | | | |
| STREET ADDRESS CITY-ST-ZIP | COOD ITE TO FORTILLE WITH | | | ET ADDRESS ST-ZIP | | | |
| TITLE | MIAMI FL 33180 | ☐ Delete | TITLE | | | ☐ Chanţ | e Addition |
| NAME | ZOMERMAAND, RANDY | □ beide | NAME | - 1 | | | |
| STREET ADDRESS | , | | | T ADDRESS | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | | ST-ZIP | | Chang | o D Addition |
| TITLE NAME | | ☐ Delete | TITLE | | | ☐ cuant | e |
| STREET ADDRESS | ; | | STREE | ET ADDRESS | | | |
| CITY-ST-ZIP | <u> </u> | | CITY- | ST-ZIP | | | |
| TITLE | | ☐ Delete | TITLE | ſ | | ☐ Chang | e 🗌 Addition |
| NAME STREET ADDRESS | , | | NAME STREE | T ADDRESS | | | |
| CITY-ST-ZIP | | | | ST-ZIP | | | , |
| TITLE | | ☐ Delete | TITLE | | | Chang | e 🔲 Addition |
| NAME | | | NAME | 1 | | | i |
| STREET ADDRESS | · | | STRE | T ADDRESS | | | |

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 flustee empowered to execute his 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:

BLOCK 11
INNER CITY YOUTH CENTER, INC.
BOARD OF DIRECTORS

N49878

D Ron Book

Ronald L. Book, P.A. 2999 NE 191st Street, PH 6 Aventura, Florida 33180

D

Alison Herman Breier and Seif, P.A. 2800 Ponce de Leon Boulevard, #1125 Coral Gables, Florida 33134

D

Steven Samuels, CPA
Rachlin, Cohen and Holtz
20451 NW 2nd Avenue
Miami, Florida 33169

D

Hugh Westbrook

Vitas Healthcare Corporation 100 S. Biscayne Boulevard, 15th FL Miami, Florida 33131

D

Wallace Chester_ MADDADS P.O. Box 680352 Miami, FL 33168

D

Richard Booth Southern Wine & Spirit

1600 NW 163rd Street Miami, Florida 33169 300103

n

Jay W. Weiss

Southern Wine & Spirit 1600 NW 163rd Street ____. Miami, Florida 33169

D

Carol Lawrence

North Shore Medical Center 1100 NW 95th Street Miami, FL 33150-2098

D

Gary Eugene

City of Miámi Police 1000 NW 62nd Street

Miami, FL 33150