

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004806

1. Entity Name

PROJECT: YOUTH OUTREACH UNLIMITED (Y.O.U.) - NEW

**FILED**  
**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90004 014 \*\*\*\*61.25

Principal Place of Business

Mailing Address

2775 NW 183 ST  
MIAMI FL 33056  
US

2775 NW 183 ST  
MIAMI FL 33056-3529

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0448003

Applied For

Not Applicable

Zip

Country

Zip

Country

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

READON, I H  
2775 NW 183 ST  
MIAMI FL 33056

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 PD ☐ Delete  
NAME READON, IRVIN H  
STREET ADDRESS 2775 NW 183RD STREET  
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS Allen Sherrylene  
CITY-ST-ZIP 17126 N.W. 43rd Avenue  
Miami, FL 33055

TITLE DST ☒ Delete  
NAME WALKER, DELORES  
STREET ADDRESS 12127 S.W. 11TH CT., BLDG. 956  
CITY-ST-ZIP MIRAMAR FL 33025

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

TITLE M ☐ Delete  
NAME VANGATES, FRANCE  
STREET ADDRESS 1975 N.W. 155 STREET  
CITY-ST-ZIP MIAMI FL 33054

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

TITLE MD ☒ Delete  
NAME WILLIAMS, ROBERT  
STREET ADDRESS 2240 NW 97 ST  
CITY-ST-ZIP MIAMI FL 33166

TITLE MD ☒ Change ☐ Addition  
NAME Mitchell, Carolyn Rene  
STREET ADDRESS 2901 N.W. 214 street  
CITY-ST-ZIP Miami, FL 33056

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

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

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

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

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

1/23/00 (305) 620-9319  
Date Daytime Phone #

CR2E037 (9/99)