2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2000 8:00 am Secretary of State DOCUMENT # N9500002446 1. Entity Name SOUTH MIAMI ALLIANCE FOR YOUTH, INC. 01-22-2000 90072 039 ****61.30 Principal Place of Business Mailing Address P.O. BOX 432614 6130 SUNSET DR. SOUTH MIAMI FL 33143 S. MIAMI FL 33243-2614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0612401 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) REDDING, SUSAN 7930 SW 58 CT SOUTH MIAMI FL 33143 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE KING, JR. PAUL NAME NAME STREET ADDRESS STREET ADDRESS 5930 SW 58 TERR CITY-ST-ZIP CITY-ST-ZIP S. MIAMI FL 33143 Addition TITLE · Delete ☐ Change NAME CHESTER, BROCK NAME STREET ADDRESS STREET ADDRESS 6151°SW 69 ST CITY-ST-ZIP CITY-ST-ZIP S. MIAMI FL 33143 ☐ Change ☐ Addition Delete TITLE TITI F WISCOMBE, RANDY NAME STREET ADDRESS STREET ADDRESS 6841 SW 77 TERR CITY-ST-ZIP CITY-ST-ZIP S MIAMI FL 33143 ☐ Change Addition ☐ Delete TITLE TITLE NAME HARRELL, DAISY NAME STREET ADDRESS STREET ADDRESS 6030 SW 62 PL CITY-ST-ZIP CITY-ST-ZIP S MIAM! FL 33143 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME REDDING, SUSAN NAME STREET ADDRESS STREET ADDRESS 7930 SW 58 CT CITY-ST-ZIP CITY-ST-ZIP S MIAMI FL 33143 ☐ Change ☐ Addition TITLE ☐ Delete TITE NAME BASU, SUBRATA NAME STREET ADDRESS STREET ADDRESS 5791 SW 74 TERR CITY-ST-ZIP CITY-ST-ZIP **SOUTH MIAMI FL 33143** 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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

01-12-2000 30

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