2000 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2000 8:00 am Secretary of State DOCUMENT # N96000002740 02-04-2000 90043 007 ****70.00 YOUTH CHALLENGE OF MIAMI, INC. Principal Place of Business Mailing Address 18951 SW 63 ST 18951 SW 63 ST **44044** FT. LAUDERDALE FL 33332-3310 FT LAUDERDALE FL 33332 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0669084 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired 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) DE ASSIS OLIVEIRA, FRANCISCO 18951 SW 63 STREET FT LAUDERDALE FL 33332 Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ★ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change PTD ☐ Delete TITLE DE ASSIS OLIVEIRA, FRANCISCO NAME STREET ADDRESS STREET ADDRESS 18951 SW 63 STREET CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33332 Addition Change ☐ Delete TITLE TITLE COMITRE GARCIA, MILER. 18951 SW 63 ST. PIMENTA, HERCULES R NAME NAME STREET ADDRESS STREET ADDRESS 18951 SW 63 ST. FT LAUDERDALE -FL 33332 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33332 Addition ☐ Delete TITLE TITLE NAME FIGUEIREDO, MACIEL NAME STREET ADDRESS STREET ADDRESS 18951 SW 63 ST CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33332 TITLE ☐ Delete TITLE Change Addition NAME HERCULES, PIMENTA-NAME STREET ADDRESS STREET ADDRESS 18951 SW 63 ST CITY-ST-ZIP CiTY-ST-ZIP FT LAUDERDALE FL 33332 ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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