

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002740

1. Entity Name

YOUTH CHALLENGE OF MIAMI, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90019 019 ****75.00

004845

Principal Place of Business
18951 SW 63 ST
FT LAUDERDALE FL 33332

Mailing Address
18951 SW 63 ST
FT. LAUDERDALE FL 33332

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0669084 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DE ASSIS OLIVEIRA, FRANCISCO
18951 SW 63 STREET
FT LAUDERDALE FL 33332

7. Name and Address of New Registered Agent
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 NAME STREET ADDRESS CITY-ST-ZIP	PTD DE ASSIS OLIVEIRA, FRANCISCO 18951 SW 63 STREET FT LAUDERDALE FL 33332 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD 18951 SW 63 ST - FT LAUDERDALE - FL 2nd 33332 REV. FRANCISCO de ASSIS OLIVEIRA <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD COMITRE GARCIA, MILER 18951 SW 63 ST. FT LAUDERDALE FL 33332 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD 18951 SW 63 ST - FT. LAUDERDALE, FL 33332 REV. PAULO LUCAS SACRAMENTO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FIGUEIREDO, MACIEL 18951 SW 63 ST FT. LAUDERDALE FL 33332 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PIMENTA, HERCULES 18951 SW 63 ST FT. LAUDERDALE, FL 33332 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERCULES, PIMENTA 18951 SW 63 ST FT LAUDERDALE FL 33332 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JARQUIN DELGADO, FABIO ADOLFO 18951 SW 63 ST FT. LAUDERDALE, FL 33332 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

1-8-2001

Date Daytime Phone #

CR2E037 (10/00)